CERTIFICATE OF DEATH

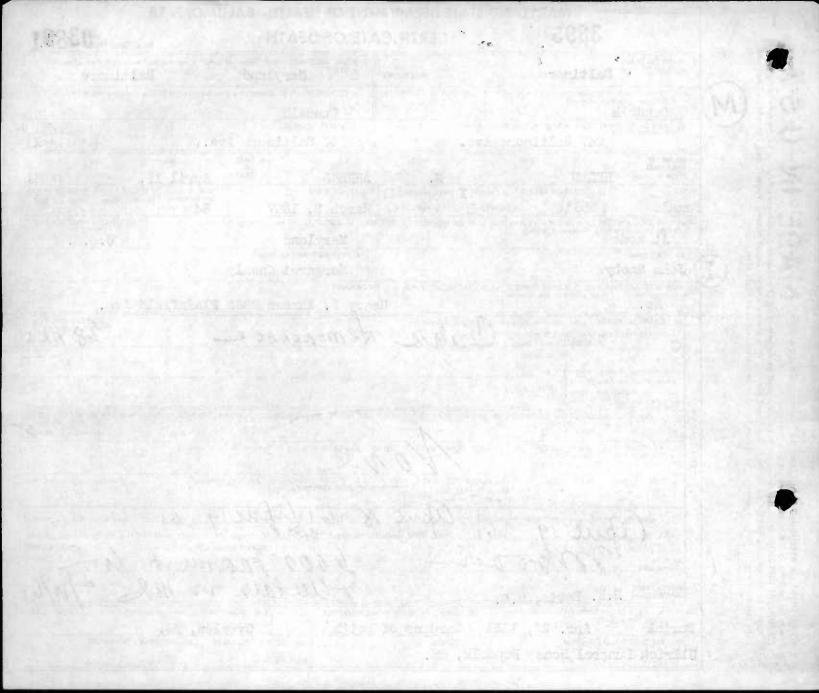
Dist. No. 03891

												-
1.	PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN		a. STATE	Mary		lived. If instituti b. COUNTY			
	b. CITY OR TOWN (I RURAL and give no Dundalle	f autside carporate limi earest tawn)	ts, write	c. LENGTH OF STAY IN	1ь	V	own (If o	utside carpor	ate limits, write R	URAL and g	give neares	it tawn)
	d. NAME OF HOSPIT OR INSTITUTION	7AL (If not in hospital, g 247 Baltim				d. STREET A		nore A	ve.,			IS RESIDENCE ON A FARM? 'ES NO
3.	NAME OF DECEASED (Type ar print)	Fir HELLEN	st	Middle	A1	Last HRENS	-wir	4. DATE OF DEATH	April	19.	Day	Year 19 61
	sex emale	6. COLOR OR RACE	7. MAR WIDOW	RIED NEVER MARRIED	□ B. C	arch 2			9. AGE (In years last birthday) 64 yrs.	IF UNDER	_	UNDER 24 HRS
10	during most of worl At home	DN (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR II			ACE (State		untry)	12.CITI2	U.S.	HAT COUNTRY?
13	John Maeby	7			. 1	4. MOTHER'S	MAIDEN N	iame Inealy				
1S [Y		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		PRMANT	Ahrens	2865	Plainfi		re.	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (compy, which) mmediate DUE TO)	For (a), (b), and (c).]	N	temo,	rehk	76 e				AL BETWEEN
CERTIFICATION				CONTRIBUTING TO DEATH						/EN IN PART		WAS AUTOPSY PERFORMED? ES NO
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye		110	11	OF INJURY (I				IC	Caunty)	(State)
MEDICAL	Haur a.m. p. m.	19 nat I attended the	While at war	rk at work	factory	y, street, office	bldg., etc.	bul.				he deceased
	alive of	ul 19	, 19(, and that de	eath ac	corred at			the causes an	d an the		
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) M.	B Down	5 00	vr	M.D	800	whi	mo aus	muy	to 1	4	tro/6
-		B. Davis, DAVIS, Apr. 22,		22c. NAME OF CEMETER			v-,a		ION (City, town,			(State)
	funeral director	'S SIGNATURE		ADDRESS lalk, Md.				BY REGISTE	RAR 24b. REGI	STRAR'S SIG		

may be retained by the hasping attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. YSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Pa

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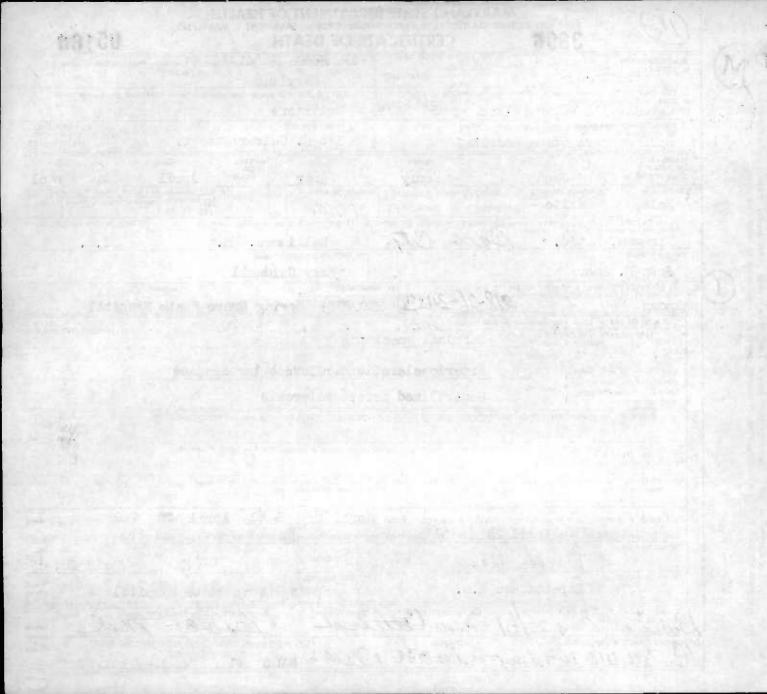


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TO HOSPITAL OR ATTENDING TYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	ec	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 haurs after death.
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	3896		CERTIFIC	777. 4	OF DEATH	1010		05	160
. PLACE OF DEATH O. COUNTY Balt	imore		MARYLA		USUAL RESIDENCE (Vo. STATE Maryl		lived: Wir Institution b. COUNTY	on: Residence be	fore admission)
b. CITY OR TOWN (In RURAL and give no	f outside corporate limit	s, write c. LENG	TH OF STAY IN		c. CITY OR TOWN (I	outside corpor	ate limits, write R	URAL and give n	earest tawn)
Catonsvi	lle 28, Mar		24 da	ys	Baltimor	е		3V	01-5
OR INSTITUTION	AL (If not in hospital, gi				d. STREET ADDRESS	ulver S	treet		e. IS RESIDE ON A FA YES N
NAME OF DECEASED	Firs		Middle		Last	4. DATE OF	Mon		Day Year
(Type ar print)	John		Henry		Amer	DEATH	April		8 19
. SEX		7. MARRIED A N	EVER MARRIED	□ 8. C	PATE OF BIRTH	9	9. AGE (In years last birthday)	Months Day	
Male	White	WIDOWED	DIVORCED [3/23/87		74 yrs.	mollins bay	Hours
during most of work	N (Give kind af work ding life, even if retired)	one 10b. KIND OF	BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	e ar foreign co	untry)	12. CITIZEN	OF WHAT COU
Fireman,	Ret'd.	Delte	. City	7.	Baltim	ore, Md		U	.S.
3. FATHER'S NAME			,	1	4. MOTHER'S MAIDEN				
John H.	Amer				Mary Ca	ldwell			
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16. SOCIALS	ECURITY NO.	17, INFO			Addi	ress	
(Yes. no, or unknown) unknown	(If yes, give wor or dates of se	wice 918-76-	-3453	DIT C	ORDS: Spr	ing Cno	ve State	Hoenit	7
	711 [F-A	- 1000	4 1/37	1650	OIDO: OPI	mig oro	ve Duate		TERVAL BETW
	TH [Enter anly one cau TH WAS CAUSED BY:								NSET AND DE
1	IMMEDIATE CAUSE (a)	Term	inal pn	eumoi	nia	38			
1477	DUE TO				1.				
Conditions, if a		Arte	rioscie	rotic	c cardiovas	scular c	lisease		
cause (a), stating		Cono	molicad	ont.	erioscleros	ri e			
lying cause tast.) (c)	Gene	railzeu	aru	er roscretos)T9			
PART II. OTH	ier significant cond	DITIONS CONTRIBU	ITING TO DEATH	H BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	'EN IN PART 1(a)	19. WAS AUT PERFORM YES AN
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCC	URRED. (I	Enter nature of injury i	n Part I or Part	Il of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While Not	CCURRED 20 while work	De. PLACE factory	OF INJURY (Home, fa , street, office bldg., e	rm, 20f. (City	ar tawn)	(Count	у)
	. (1) (1) 1 1 1 1			Λ.	omil Il.	9 61 ta A	nmil 2	3 , 1961,	.1
	t (I) (this hospital)				th accurred of 98		-		
22a. SIGNATURE	//			ioi ueo	in accorded of Ze	L.141, ITOIII I	ue conses on	on me da	22b. D.
00 01140161	Taell	· Han	-	M.D		MED. DIRECTOR	STAFF PHYS.	Apr	il 28, si
22c. PHYSICIAN'S NAME (Type)	Loretta	Hsu M.D.			22d. ADDRESS Spring	Grove	State Ho	spital	
REMOVAL (Specify)	y. 736! DATE THEREO	16/ 230 NA	AME OF CEMPTE	RY OR C	REMATORY	23d. LOCATI	ON (City, town,	or county)	(State)
The contract of	1 - 1	0/	70 -22			1		1	

MARYLAND STATE DEPARTMENT OF HEALTH



VSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3897 **CERTIFICATE OF DEATH**

Reg. Dist. No.03892

1. PLACE OF DEATH o. COUNTY	Baltimor	е	MARY	11		ence (who		lived. If instituti b. COUNTY		ce before od	
b. CITY OR TOWN (RURAL ond give n	If outsidercorporote limiteorest town?	ts, write c. LEI	NGTH OF STAY	IN 1b		own (If or Oundal		ote limits, write R	URAL ond g		-
d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospitol, g 1918 S	tanhope			d. STREET ADDRESS 1918 Stanhope Road e. IS RESIDENCE ON A FARM? YES NO N						
3. NAME OF DECEASED (Type or print)	HERBERT	st	E . Middle	Al	MEY SR.		4. DATE OF DEATH	April		17 Doy	Yeor 19 61
5. SEX Male	White	7. MARRIEDE	DIVORCE	0 0	oct. 2,	1896		AGE (In years birthday) OU yrs.	IF UNDER Months	-	INDER 24 HRS.
Steam Fi	king life, even it refired	done 10b. KIND (OF BUSINESS O	R INDUST			or foreign cou		12. CIT	IZEN OF W	HAT COUNTRY
13. FATHER'S NAME	7				14. MOTHER'S						
IS. WAS DECEASED EVE	George E. A			1.2		nia Ka	user				
(Yes, no. or unknown)	(If yes, give wor or doles of s	ervice)		Mrs	CORMANT LUCILI	Le Ame	y 19	18 Stan		Road	
Conditions, if o gove rise to i couse (a), stoting lying couse lost. PART II. OTH	mmediate ()	BUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART	1 1(o) 19. W	VAS AUTOPSY RFORMED?
20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY O	CCURRED.	(Enter nature of	injury in Po	ort I or Port I	l of item 1B.)			□ NO □
20c. TIME OF INJUR Hour a. m. p. m.		While N	OCCURRED Not while	20e. PLAC facto	E OF INJURY (F ry, street, office	lome, form, bldg., etc.)	20f. (City o	r town)	(C	County)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO REMOVAL (Specify)		F 12c.	every	м.	0. 700 Dun	1 N	DORESS (Street)	the causes of et. city or town, and to the causes of the c	ind an the state) R M or county)	e date st	DATE SIGNED
23. FUNERAL DIRECTOR			ak Lawn			24a PEC'D	Balt:	imore Co	ounty,		Land
Lilly & Ze			astern A	Avenu	е		do 1 o 16		TI - 0		

D FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. may be retained by the haspita VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH

3 PHYLINON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

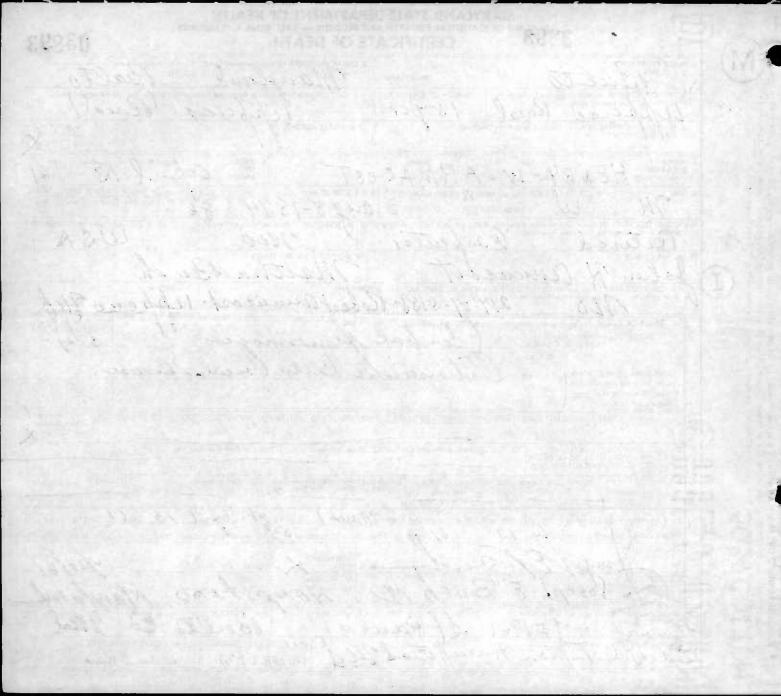
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- 1		V V V
		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE (COUNTY) b. COUNTY
	b	c. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN of autside carporate limits, write RUPAL and give nearen town)
	d	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO.
	D	NAME OF DECEASED Type or print) HENRY - W-ARMACOST LOSI OF DEATH CEPTIL 13 1961
	S. S	M WIDOWED DIVORCED DIVORCED Aug 8-1874 St yrs. Manths Days Haurs Min.
		USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY VI BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		Jalen H amacost Mutha Bush
/	15/	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT On or unknown) Type give wor or dates of service) 217-07-5-186- Robert annaest- Uppen Mid
		18. CAUSE OF DEATH [Enter only one cause per line to (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: 3 Cause 3 Cause
		Canditions, if any, which (b) Certioneleister Cardy Coscula Llescise.
		gove rise to immediate cause (a), stating the under-lying cause last.
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
		20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 10 While Nat white at work at wark at
ij		21. I certify that (I) (this haspital) attended the deceased fram Mace 1 19 44, to Cycle 13, 1961, that (I) (we) last saw the deceased alive an 44 13 1961, and that death accurred at 50 M, fram the causes and an the date stated above.
6		220. SIGNATURE ATTENDING MED. STAFF PHYS. 22b. DATE PHYS. 27/14/6/19
		PAME TYPE SOSEPH E. BUSh-MD PAMPSTED Maryland
	23a.	BURNAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) Asjates
	240	ADDRESS LOS RECIDENTARE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE APR 1 7 '61 Cultury 8. Kings

SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page direc may be retained by the haspite. Jottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fit he State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING P

VR A1S (4) 1SM 9/S9



plnods TO HOSPITAL OR ATTENDY OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft death. Page 4 may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13894)

		PLACE OF DEATH 5. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
П		Baltimore MARYLAND	Maryland Baltimore
1	t	b. CITY OR TOWN (if outside corporete limits, write RUPAL end give neerest town) LOWSON c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) TOWSON
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
- 0		Towson Conval. Home	305 Alabama Rd. ON A FARM? YES □ NO 📉
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
			BAILY OF DEATH April 21,1961 19
		7. MARKIED NEVER MARKIED	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Jayl birthdey) Months Deys Hours Min.
4	H	emale White WIDOWED DIVORCED 1	Feb. 5,1907 54 yrs. Months 545 10015 10015
	10e dor	. USUAL OCCUPATION (Give kind of work educing most of working life, even if retired)	TI CA
1	13	Housewife FATHER'S NAME	Washington, D. C.
)	Otto J. DeMol1	Mamie Hill
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18, no, or unknown) (Ifyesgivewerordetesofservice)	NFORMANT Address
	(10.	No None Fre	ederick R. Bally-305 Alabama Rd. Towson
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) BRON CHOPN	IEVMONIA 4 DAYS
		962 X DUE TO	
		Conditions, if eny, which) (b) TNAN ITION	2 MOS
		gave rise to immediate ceuse	1 1.
	0	(e), steting the underlying DUE TO OLD BRAIN	INJUTY (LACERATION) 8 YEARS
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	ICATION	FRACTURED HI	P(RIGHT) YES NO C
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING (IV CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (En]er neture of injury in Pert I or Pert II of item 18.) AT HONE
	AL.	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	MEDICAL	Hour a.m. OCT. 19 59 While Not While at work at work	HONE TOWSON, BALTIMORE MD
1		21. I certify that (I) (this hospital) attended the deceased from.	
-		saw the deceased alive on	death occured at COPM, from the causes and on the date stated above.
		228. SIGNATURE 10 SIGNATURE	ATTENDING /MED. STAFF 22b. DATE SIGNED
		Devold L. Homerle M	.D. PHYS. DIRECTOR PHYS. C
		22c. PHYSICIAN'S NAME (Type) DONALD L. SOMEWILLE	25 W. PA. ANE, TOWSON & MD.
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
3		REMOVAL (Specify) Urial April 24/61 Dulaney Va	lley Gardens Timonium, Maryland
	-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-		m Cook-Towson, Inc. York Rd. Towson,	Md. DATE APR 24 '61 Cirthur S. Krous
-			

1,5 000 mostro Tour to avel. Tome AF amaisla ROE Ider, 12 Lings | Mailes | Mailes | feb. 5,1907 34 and the test and the same Model . Lottl Ache Cederio H. trilly-10 F the charles we - pyron TYDO . OLD SHALL [NEMT (CARRENAS) Lawred Mary Charles Partyle ... April 24/61 Dulaney Valley wardens ... incontum, eryland PAGE OF THE SECTION OF THE PAGE

Tim Cook-low son, Inc. Vork sd. Loveon, ad.

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2	Ttome 2	CERTIFICA	TE OF DE	10/61	- No		00000
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND		ENCE (Where decease laryland	b. COUNTY	an: Residence be	fare admissian)
b. CITY OR TOWN (I RURAL and give ne	f autside carporate limits, write carest town)	Lytllmth7dys		OWN (If outside com	porate limits, write R	URAL and give n	earest town)
OR INSTITUTION	AL (If not in haspital, give street ROVE STATE HO	oddress)	d. STREET ADD	1.	Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Harry	Middle	Bankard	4. DATE OF DEAT	A		Day Year 19 61
s. sex male	6. COLOR OR RACE 7. MAR White WIDOW		8. DATE OF BIRTH	, 1888	9. AGE (In years last birthdoy) 73 yrs.	Manths Days	
during mast af war	ON (Give kind af wark dane 10b. king life, even if retired) tion worker	KIND OF BUSINESS OR INDU		CE (Stote or foreign aryland	cauntry)	U. S	OF WHAT COUNTRY
13. FATHER'S NAME Eugene Ba	nkard		14. MOTHER'S A	Mamie Mamie			
IS. WAS DECEASED EVE (Yes. no. or unknown)	(If yes, give war or dates of service)	220-07-2946-A	Records:	SPRING	GROVE ST		SPITAL
Canditians, if a gave rise ta i couse (a), stating lying couse last.	m mediate DUE TO	teriosclerotic teriosclerosis	s, gene ral	ized and	severe	VEN IN PART 1(a)) 19. WAS AUTOPS PERFORMED? YES I NO IX
(IF EITHER, NOTIFY	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR					
ZOc. TIME OF INJUR Haur a. m. p. m.	While		PLACE OF INJURY (He factary, street, office	ame, farm, 20f. (C bldg., etc.)	ity ar tawn)	(Count	
21. I certify the saw the decear 220. SIGNATURE	0'1	ded the deceased fram 1 19 61 and that	March death accurred M.D. PHYS.	at 30 _M , from	_ STAFF		22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Stella Wachsl		22d. ADDRES	SS SPRING		TATE HO	OSPITAL
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	4/11/61	23c. NAME OF CEMETERY St. Peter!	s Cem.	Bal	CATION (City, town,	or county) Marylan ISTRAR'S SIGNA	(State)
24. FUNERAL DIRECTOR	's signature bb Funeral Ho	ADDRESS me.Catonsvill		2So. REC'D 8Y REG		ISTRAR'S SIGNA	

SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO HOSPITAL OR ATTENDING PLANSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs offer-death.

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augen. A SOURCE MEANING THE SECOND TO SECOND TO SECOND THE SECOND TO SECOND THE SECO A ART SECTION OF THE HISTORY action admin

OR STATE ALTH DEPT. TO DEPUTY MEDICAL EX. WINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or The lith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3!	301 ME	DICAL	EXAMINE	R'S CE	RTIFICA 61.cac	TE OF	DEATH		0389	5
1. PLACE OF DEATH	Items 20	& 21, MORE	Film G-28' 5/15/61 MARYLA	.cac.	SUAL RESIDEN STATE MA	RYLA ND	eceased lived, If b. COUI	NTY	TIMORE	dmission
b. CITY OR TOWN (if		its,	c. LENGTH OF STAY I		CITY OR TOWN		porate limits, writ			vn)
write RURAL and g				X	Pe	744	- 00	(Towson	1	
d. NAME OF HOSPITA	Towson	if not in hospit	tal, give street address)	d.	STREET ADDRESS	TOTHOL	30000	TTOMSOI	e. IS R	ESIDENCE
1118 0	verbrook	- PA		1	1.7	9 0	one ele Dá	30		A FARM?
B. NAME OF	First	L IIU	Middle	11 /	Last	4. DATE	prook Ro	h -12	ay Yes	, NO S
DECEASED (Type or print)	JUNE			DOG		OF DEATH				19
			P.	BOG			Apri	.1 26		- Color
			NEVER MARRIED	_ / _	C	1311	last birthday)	Months Dey		Min.
Female	White	WIDOWED] 6-2	, , sm		42 yrs.			
On. USUAL OCCUPATIO done during most of worki			D OF BUSINESS OR IN	DUSTRY 11. E	IRTHPLACE (State	or foreign co	untry)	12. CHIZEN	OF WHAT	COUNTRY
Clerical		0	ffice	M	i.			T	TSA	
3. FATHER'S NAME				14. M	THER'S MAIDEN	NAME .				
H. Nor	bert Pau	1			Charlo	tte T	rumbo			
5. WAS DECEASED EVER			OCIAL SECURITY NO.	17. INFORM	IANT	1-4-1	Addres			
Yes, no, or unkown) (Ify		ervice) ?		77 77 -	ala a ada m	7 7				
1 18. CAUSE OF DE.	ATH Enter only one	cause per line	e for (a), (b), and (c).I	H. No:	coert F	aul J	P.	1	INTERVAL BE	TWEEN
PART I. DEATH	WAS CAUSED BY:	Onza	rdose of b	anhi tun	otae				ONSET AND	
07. n	MEDIATE CAUSE (a)		raose or b	at of our	aucs.					
710.2	DUE TO									
Conditions, if eny,	1 1-1			-1-1						
geve rise to Immediate (e), stating the und	DITE TO									
cause last.	(c)									
PART II. OTHER S	IGNIFICANT CONDI	TIONS CONTI	RIBUTING TO DEATH B	UT NOT RELAT	ED TO THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART 1(a	PERFO	DRMED?
5									YES	NO K
200. EXTERNAL CAU			HOW INJURY OCCU				f item 18.)			
		Took	overdose	of sle	eping p	ills.				
Hour a.m.	4/26/61				JURY (Home, fari		y or town)	(County)		(State)
Found: p.m.5	15 PM 19	While at work	Not While	Home	i, omeo biogr, on	Ba	ltimore	Md.		
		of the rema	ins described abov	e, held an	Autopsy .	Inspection		P-1	nd in my o	noinion
death resulted from			Accident ,	Suicide 53		Towns of the last	determined n			
dealli lesulled il c	ini: Manufal Ci	auses L	Accident []	Juicide 10			7			
NORTH O	111:	11 5	X		CHIEF MEDICAL	11. 11. 11. 11.				
SIGNATURE &	VULLER	BEELS	X	M.D.	ASSISTANT MED	DICAL EXAMIN	Laborator .		DATE SIC	
EXAMINER'S NAME (Type)	William V	. Lovi	tt, Jr., M.	. D.	Address (Street,			April 27	7, 196	
28. BURIAL, CREMATION REMOVAL (Specify)	4-29-61	OF 2	2c. NAME OF CEMET	ERY OR CREMA		THE RESERVE OF THE PARTY OF THE	TION (City, town	n, or country)	(Sta	te)
Rurial	15/14/187		Lorraine	Park		Bal			Mc	1
23. FUNERAL DIRECTOR			ADDRESS			PR 2 8 6	1	SISTRAR'S SIGN		
H.W.Jenkin	s & Sons	Co.	1905 York	Rd.	DATE	41 E U U	· ~	rimes & The	miles.	

VS. AISME SM 9/60

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1	1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
a	M		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH Thomas 2 13 Film (285 5/1/6] in the	13897
funerally changed	(1.	PLACE OF DEATH	dence before edmission)
urs a	M		e. COUNTY BALTIMORE MARYLAND 6. STATE MD.	10.
t ho	death		b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)	ive neerest town)
() (+	- 1	-	Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE
within filled in	hours	9	ARMACOST N.H. / 529 ANNESLIE RO.	YES NO
uted	72 h	3.	DEGET OF	Dey Yeer
от ра	·Ē	5	(Fype or print) HOA R. Q. BORLAND DEATH 4 7. SEX [6. COLOR OR RACE 7 MARDIED NEVER MADDIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE	17
and c	t, wit	1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers lest birthdey) Months Details Months Mo	
ficate	even		USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
certif physic	any	12	HOUSEWIFE - VENNA. U.	5.A.
ath ng	E (13	CHARLES W. BORNAND MARTHA JANE GOBEEC	UT
the de	- F		WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	-14
at th	moval,		no, or unkown) (Ifyesgivewarordetesofservice) - MRS.MAUD C. ANDERSON A	BOVE
es the	L Ten		18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
hysic ned	,		IMMEDIATE CAUSE (a)	LINKS
W rend p	matic		Conditions, if any, which (b) Augustalesec anterio aclerated	7
he la beer beer	D D		geve rise to immediate cause (e), stating the underlying DUE TO	
r aft	urial		couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(el 19. WAS AUTOPSY
Ital citate	5	Į Į	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SOT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITIO	PERFORMED?
PSIC hosp certif	prior	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)	1
PHT the	=		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
After After	of Health	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County factory, street, office bldg., etc.)	r) (Stete)
FENT etain OR:	Dept.	_	21. I certify that (I) (this hospital) attended the deceased from Delevin, 19:59 to Office 22, 1960.	4, that (I) (we) last
Per r	ate D		saw the deceased alive on	date stated above.
OR AT	the Sta		22e. SIGNATURE Thedrick for allower M.D. PHYS. DIRECTOR DIRECTOR DIVERTOR DIRECTOR DIVERTOR DIRECTOR DIVERTOR DIRECTOR DIVERTOR DIVERTOR DIVERTOR DIRECTOR DIVERTOR	22b. DATE SIGNED
HOSPITAL sth. Page 4 FUNERAL	中世 /		22c. PHYSICIAN'S NAME (Type) FRED GERRY I. VOLLATER 6100 YORK RD BALTIMO.	06-17 M2
HOSPI ath. Pa	filed	_	FREDERICKU, VOLLAGE	(Stete)
F	Z ==	23	REMOVAL (Specify) A A / / 1 11/1 O/ -	D
0 -	200	E	RUDIAL 4-16-61 NEW UXFORD NEW UXFORD	YA
	2 2	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIC	SNATURE

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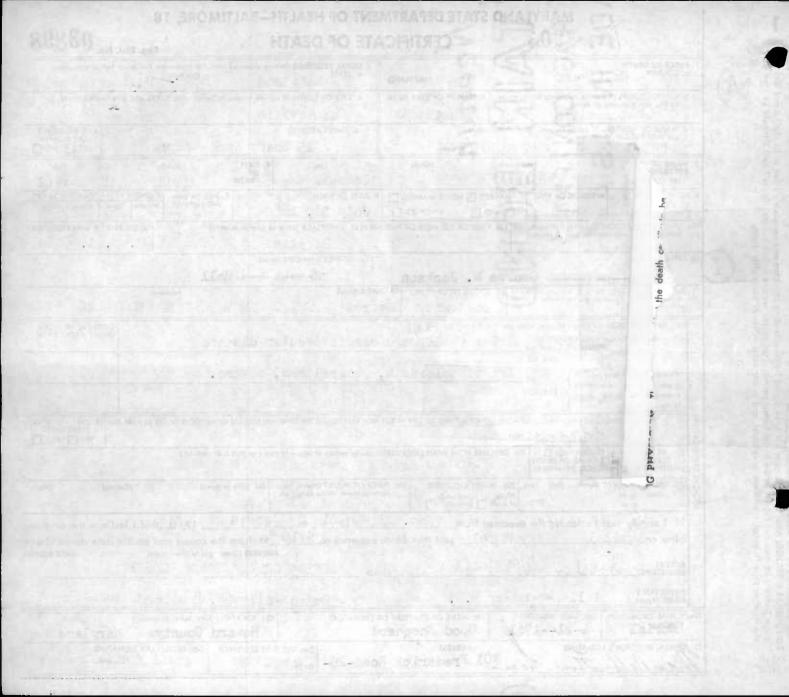
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3000

Reg.	.		0	3	8	9	
Reg.	Dist.	No.	V	4	0	-	4

	0000	3	CERTI	FICA	ATE OF L	PEATH	1		Re	g. Dist.	No. UD	838
1. PLACE OF DEATH a. COUNTY	ltimore		MARY	LAND	O STATE	ence (wi		ed lived. If insti b. COUN	itution: R	Residence		
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	nits, write	c. LENGTH OF STAY	IN 16	c. CITY OR 1	OWN (If o	outside corpo	orate limits, writ	e RURAI	L and give	e nearest tov	vn)
	nsville		lyr4mth3dy	ys	Cato	nsvil	lle					
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital,	give street	address)		d. STREET A	DDRESS					e. IS RE	ESIDENCE
	GROVE STA	TE H	OSPITAL	150		15 Sr	nady N	look Ave	nue			A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Los		4. DATE	1	Month		Day	Year
(Type or print)	Edi	th			Boswell		DEATH	Ap:	ril		18	19 61
S. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIE	D	B. DATE OF BIRTI	4	-	9. AGE (In yellast, birthdo		INDER 1	YEAR IF UNI	
female	white	WIDOWI	DIVORCE		July 28	, 188	38	72	yrs. Mo	onths De	ays Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUS	TRY 11. BIRTHPL	ACE (State	ar fareign c	country)	1	12. CITIZE	EN OF WHA	T COUNTR
housew		"			Ma	rylar	nd			U. S	S. A.	
13. FATHER'S NAME		1000			14. MOTHER'S	MAIDEN	NAME					
Joh	unknown_ G	eorge	W. Jackson	n	TIP.	known	1	Hall				
15. WAS DECEASED EVE		RCES? 16.			FORMANT			-	Address			
unknown	it yes, give wor or dores or		unknown	Rec	ords: S	PRINC	GRO	VE STA	TE	HOSE	PITAL	
18. CAUSE OF DEA	TH [Enter anly one c	ause per lis	ne far (a), (b), and (c).]								INTERVAL B	BETWEEN
PART 1. DEA	TH WAS CAUSED BY:	, Art	eriosclero	tic	cardiova	scula	ar dis	sease			ONSET ANI	D DEATH
422	DUE TO								_			-
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lying couse lost.	the under-											
	IER SIGNIFICANT CON	ADITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAI DISEAS	E COMPITION	CIVENIII	NI PART I	(=1 10 M/AS	VZQOTILA
ATIO	Malnutrit				TOT RELATED TO	TIL ILAMI	AVE DIRECT	L COMPINON	OIVEN II	NTAKII	PERF	ORMED?
E 20a. ACCIDENT WA	S LINIDERIVING (T		CRIBE HOW INJURY OF	CHERE	(Fotos poturo o	iniusy in f	Post Los Por	t It of item 18.1			1 TES] NO X
PART II. OTH	CAUSE OF DEATH MEDICAL EXAMINER)	200. 000		CONNEL	, trues natura a	injury in i	on rui rui					
		or 20d IN	NJURY OCCURRED	20e. Pl 4	CE OF INJURY (lome form	206 1016	u os towal		10.		150.11
Hour a. m.	19	While	Nat while	fac	lory, street, affice	bldg., etc.	.)	y or rown)		(Cou	inty}	(State)
₹ p. m.	17	at war	at work	77	/3							
	at I attended the	decease		. 11	1901	, ta_Ap	ril 10	19.6	21.,th	at I las	st saw the	decease
alive an Apri	T T8	, 12	61, and that	death	accurred at.						date stat	ted abov
ACTUAL (1.00 1)~ n	0.000					treet, city ar tov			_	DATE SIGNI
SIGNATURE	rrula 1	VIC	were r	/	A.D. SPE	EIN G C	FROVE	STATE	HOS	SPLT/	AL	
PHYSICIAN'S NAME (Type)	Stella Wad	hsle	r M.D.		Ca	ton sv	ille	28, Mar	ylar	nd		
220. BURIAL CREMATIO		- 11	22c. NAME OF CEME				22d. LOCA	TION (City, taw	n, or co	unty)	(Sto	ote)
RECEIVE TO THE PROPERTY OF THE	4-211	961/	Good Sher	pher	d		How	ard Cou	nty	N	aryla	nd
23. FUNERAL DIRECTOR"	SIGNATURE	1 -	ADDRESS			24a. REC'I	D BY REGIST	TRAR 24b. RE	GISTRAI	R'S SIGN		
Max Make	Then. 8	Tone 3	Ol Frederi	ck R	oad-28-	DATAPR	2 4 '6	1 a	rthur	8. Kh	and	

SICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page ertificate has been signed by the ottending physician and completely filled in by the funeral direct as the burial-transit permit. Then please remave carbon papers. Poges 1 and 2 should be filed w may be retained by the haspital attending physician.

TO FUNERAL DIRECTOR: After the Lettificate has been signed by the ottending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pape the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND Items#3,8.taken from perore admission 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Res e. COUNTY e. STATE b. COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN (it outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Timonium Timonium d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X NAME OF DECEASED OF (Type or print) DEATH James Howard Boyd 19 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED THEVER MARRIED last birthdey) Months Hours Min. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even it retired) Supt. Construction Marvland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry A. Boyd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we ror detes of service) Mar 18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), end (c). INTERVAL BETWEEN QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED? NO [20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work D m 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on... 220. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 200 PHYSICIAN 22d. ADDRESS 23d. LOCATION (City, town or county 23c. NAME OF CEMETERY OR CREMATORY 3e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Moreland Memoria Birtie FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** W. Jenkins & Sons Co. 1905 York

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR 1 8 '61

Cothur S. Kraus

Ten string at expension of the string of the 110880 MILL POLLEY THE PARTY AND THE M. unon . M. downwall . non M. S. Horal M. Commissed Ceclesium - Crosses Winse telleney A STATE OF THE STA Charlest Cherry 750 yourd have the telegraph of the contract to t The state of the s

should PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft fune TO HOSPITAL OR ATTENN OF PHYSICIAN: The law requires that the death certificate be executed within 24 nours death. Page 4 may be retain by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		4 4 0 5 14 4 4 6 4 4 4
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare dacaasad lived, If institution, Re-	sidenca before edmission)
Baltimore MARYLAND	e. STATE Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva neerest town)
write RURAL and give neerast town) TOWSON	Baltimore	101-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	o. IS RESIDENCE
Towson Convalescent Home		ON A FARM?
301 West Chesapeake Avenue	825 West 35th Street	YES NO
DECEASED	Last 4. DATE Month OF	Dey Year
(Type or print) Mattie Breidinger	DEATH April 12	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y	
Eemale White WIDOWED DIVORCED	March 25, 1876 last birthday 85 yrs. Months Di	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)		EN OF WHAT COUNTRY
Housewife	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	JUA
John Foxwell	Molly Lusby	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address	
(Yes, no, or unkown) (Ifyasgivewerordatesofservice)	Mrs. Marie Jones 825 West 35th	Street
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INTERVAL BETWEEN
	Cardio-Vascular Disease	ONSET AND DEATH
A DUE TO		Jen
7 11 1		3 11-10
geve rise to immediate ceusa	ex c	90413
(a), stating the underlying DUE TO		
ceusa lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
TY CONTRACTOR OF THE PROPERTY		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, ferm, † 20f. (City or town) (Count	y) (Stete)
Hour a.m.	factory, streat, offica bldg., etc.)	
	1 1 10 10/2 11 113 10/2	//
21. I certify that (I) (this haspital) attended the deceased from		
saw the deceased alive on 196, and the	hat death occured at a P.M., from the causes and on the	e date stated above
22a. SIGNATURE Theleb A. His	ATTENDING MED. STAFF	HALLES SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	7-11-0
NAME (Type) Pholip D Hynn M.D	Chase St.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
REMOVAL (Specify)	Dalling Mangar	
Burial April 15, 1961 New Ca	thedral Baltimore, Marylai	GNATURE
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Bal	timore	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03901

	0390				Reg. Dist. No.	
PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND		Where deceased lived. If in land b. COU		admission)
b. CITY OR TOWN and give nearest to	(If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, w	rrite RURAL and give neare	ist tawn)
Fort Ho		11 Days	Baltimor	0	3 V 01	- 4
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		•.	IS RESIDENC
Veterans	Administration	Hospital	125 Nort	h Colvin	Y	ES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE M	anth Day	Year
(Type or print)	JOSEPH	S	BROWN	DEATH Apr	il 14	19 61
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In year fast birthday)		UNDER 24 HR
MALE	COLORED WIDO	WED DIVORCED M	lay 15, 1892	10	yrs. Months Days Ho	ours Min.
Oa. USUAL OCCUPAT	ION (Give kind of wark done 10 ing life, even if retired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	e or fareign cauntry)	12. CITIZEN OF W	HAT COUNTR
	Plasterer(reti	red) Self Employ	red	Georgia	U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Joseph S	Brown		Savannah	Searles		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Add	ress	1990
Yes		217-05-8312 C1	in Rec VAH	Balto Md - F	t Howard Div	ision
	ATH [Enter only one cause per l	ine for (a), (b), and (c).]			INTERVAL ONSET AN	BETWEEN
PART I. DE	ATH WAS CAUSED BY: BR	IN TUMOR RIGHT	PARTETAL REG	TON	ONSELAN	DUEATH
1 2.	-	Litt 101101 Ittolil 1	2111212121212121	12011		
Candition if	DUE TO	MOMADY PROMA				
Canditians, if gave rise ta imm	ediate cause	MONARY EDEMA				-
(a), stating the						1100
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT PELATED TO THE TERM	AINIAI DISEASE CONDITIONI	CIVEN IN DART 1/-1/10 W	VAC AUTOREY
₽				MINAEDISEASE CONDITION	P	ERFORMED?
		OVASCULAR DISEAS			YES	NO 🗆
20a. EXTERNAL CAUSE OF DEATH	ONTRIBUTING	RIBE HOW INJURY OCCURRED. TE	nter nature at injuly in Pa	irt I or Port II at item 18.)		
			110		•	
20c. TIME OF INJ		hile Not while	OF INVIRY (Home, for my, street, office bldg., et	m, i 20f. (City or town)	(County)	(State)
p. m		work at work.		/		
21. I certify	that I toak charge af th	e remains described abar	ve, held an Autap	sy 📝, Inspection [], Inquiry [], a	nd find th
death resulte	d fram: Natural causes	Accident _, Suid	cide 🔲, Hamicid	e, Undetermine	d cause .	
1 6	2 & .				The same of the sa	44
ACTUAL SIGNATURE	MADW	Us .	M.D. CHIEF MEDICAL	EXAMINER [DA	ATE SIGNED
			ASSISTANT MEDI	CAL EXAMINER	4.	-15-61
NAME (Type)	ELVIN B. DAVIS	, M.D.	DEPUTY MEDICAL	EXAMINER		
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR-	CREMATORY	22d. LOCATION (City, tov	vn, ar county)	(State)
REMOVAL (Specif	14-19-61	Baltimore Nat	ional	Baltimore	Maryland	
23. FUNERAL DIRECTO	R'S SIGNATURE 3 801	3-10 Monroe St			EGISTRAR'S SIGNATURE	
Arlington	S Philling Roll		DATE	APR 1 8 '61	Wirthon S. How	A

VS. A15ME(5) 5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If ony detoy is necessary, please cute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Poge 4 shows forwarded to the Chief Med Examiner's Office along with form PM3. Poge 5 may be retained for your files.

TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremon or removal.

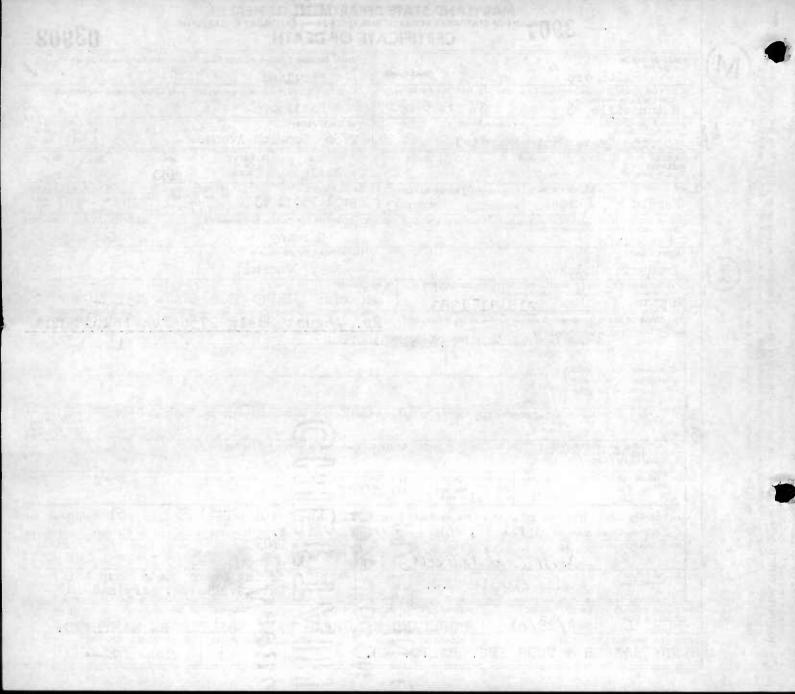
Energy to a contract the property of the second of the sec

VR A1S (4) ISM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH SOUPPING OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03902

)	1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Who o. STATE	ere deceased	l lived. If instituti	on: Residence befo	ore admission)	/
	Baltimore	MARYLA		Marylan				-	6,
	 b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) 	/	116	c. CITY OR TOWN (If or	utside corpo	rote limits, write R	URAL ond give ne	earest town)	
	Catonsville 28	B7 yrs 6 mo	S	Baltimo	re		3	101-	- 4
1	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street oddress)		d. STREET ADDRESS	W			e. IS RESIDEN	ICE
1	Spring Grove State	Hospital		2756 Fenwi	ck Ave	enue		YES NO	
	3. NAME OF FIDECEASED (Type or print) Meta	irst Middle		Busig	4. DATE OF DEATH	Mon			10
	177				1 1 1 1 1 1 1	Apri	IF UNDER 1 YEAR		
	5. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		April 25, 18	83	9. AGE (In years lost birthdoy) 77 yrs.	Months Doys		Ain.
ì	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN O	F WHAT COUN	TRY?
	Housewife	a)		Germany			Ger	many	/
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
1	Frederick Nolcke			Mary Gunn	eman				
1	15. WAS DECEASED EVER IN U. S. ARMED FOI		17. IN	IFORMANT		Add	ress		
	(Yes, no, or unknown) (If yes, give wor or dates of unknown		R	ecords: SPRI	NG GRO	OVE STATE	HOSPITA	L	
ı	1B. CAUSE OF DEATH Enter only one co		40			07// 7	a hini	COVAL DETINAL	EAL
í	PART I. DEATH WAS CAUSED BY:		-	r. August E	susig	2750 F	enwicky	SA WITH HELD	H
	IMMEDIATE CAUSE (c	o) <u>Wancer</u> of the	pa	ncreas					
	DUE TO	0							
Н	Conditions, if ony, which gove rise to immediate	b)							
	couse (o), stoting the under-	0							
		(c)							
1	PART II. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	PART 1(0)	19. WAS AUTO PERFORMEI	DPSY DPSY
3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							YES NO	2
	PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCC	URREC	D. (Enter noture of injury in P	Port I or Port	II of item 1B.)			
	ZOc. TIME OF INJURY Month, Doy, Ye	eor 20d. INJURY OCCURRED 20	De. PLA	ACE OF INJURY (Home, farm,	, 20f. (City	or town)	(County) (5	State)
	ZOc. TIME OF INJURY Month, Doy, Ye Hour o. m. 19	While Not while of work of work	foc	ctory, street, office bldg., etc.)				
	21. I certify that (I) (this hospita	al) ottended the deceased fr	om_	March 17 19	61 . AT	ril 25	19 61, 11	hat (I) (we)	last
i	sow the deceased alive on Ar			eoth occurred of A.					
	22o. SIGNATURE			1:	05		011 1110 0011	22b. DA	TE
	2000	a Warlesles	- 1	M.D. PHYS. ME	ED.	STAFF PHYS.		SIG	SNED
	22c. PHYSICIAN'S	W. ahalan M. D				Grove Sta	te Hospi	ital	
	NAME (Type) Stella	Wachsler M.D.				lle 28,			
	230. BURIAL, CREMATION, 23b. DATE THEREO	OF 23c. NAME OF CEMETE	ERY O	R CREMATORY	23d. LOCAT	ION (City, town,	or county)	(Stote)	
	BURIAL 4/28/	61 MORELANI	D M	EMORIAL PAR	RK B	ALTIMOR	E MARYI	AND.	
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			D BY REGIST	2001	STRAR'S SIGNATU		- 1-1
	HENRY SANDER & SON	IS INC. BALTO.	MD	DATEMA'	Y 1 '6	1 a.	Ilun S. Kra	a.A	



MARYLAND STATE DEPARTMENT OF HEALTH

	3908 DIVISIO	T+om			OF DEATH	MORE 1, MA	RYLAND	(;	5184
1. PLACE OF DEATH		34.10			SUAL RESIDENCE (Who	ere deceased li	ved. If institutio	n: Residence befa	re admission)
a. COUNTY	Baltimo	re	MARYLAND	0.	STATE		b. COUNTY	Baltim	ONA
b. CITY OR TOWN	(If autside carporate limits,		TH OF STAY IN 16	C.	CITY OR TOWN (If a	utside carporate	e limits, write RL		
RURAL and give								V	
	Pikesville SPITAL (If not in hospital, give	e street address)		-	Pikesv L STREET ADDRESS	ille (5, Md.		e. IS RESIDENCE
OR INSTITUTIO	7 Careysbro				07 Careys	brook	Rd.		ON A FARM? YES NO
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mant	h Do	y Year
(Type ar print)	Roger	Er	nest		Butts	DEATH	April	30.	19 61
S. SEX	6. COLOR OR RACE 7		EVER MARRIED	B. DAT	E OF BIRTH	9.	AGE (In years		IF UNDER 24 HRS.
Male	White v	VIDOWED X	DIVORCED		c.12, 190	2	19st birthdoy) 59 58 yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPA during most of w	ATION (Give kind of work down varking life, even if retired)	ne 10b. KIND OF	BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	ar foreign caun	itry)	12. CITIZEN OF	F WHAT COUNTRY?
Salesma		George	L. Ree	d	Baltimor	e, Md.		U.S.	A.
3. FATHER'S NAME	9 3 9 4 4			14.	MOTHER'S MAIDEN N	AME			
Arth	hur U. Butt	S							
15. WAS DECEASED	EVER IN U. S. ARMED FORCE	S? 16. SOCIAL S	ECURITY NO. 17.	INFORM	ANT		Reist	erstown	. Md.
(Yes, no, or unknown)	(If yes, give war or dates of servi		10-7529	Mr	Roger P.	Butte			
	DEATH Enter anly ane caus				4	2400	9 200.	INT	ERVAL BETWEEN
	DEATH WAS CAUSED BY:	CAIA	Mails 1	00	buden			ON	SET AND DEATH
112	IMMEDIATE CAUSE (a)_	-000	1000	· CC	arycon				-wy
42	O. DUE TO	Meston	Tolldrill	1.	1. Alson	10		3	-stals
Canditians, it	immediate	Typun	enny	600	censea	H			Truc 3
cause (a), stati	ng the under- DUE TO	11						0	
lying cause la		20							TO THE STATE OF TH
PART II.	OTHER SIGNIFICANT CONDI	TIONS CONTRIBU	ITING TO DEATH BE	UT NOT	RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART I(0)	PERFORMED?
3				-14					YES NO
20a. ACCIDENT	WAS UNDERLYING 20	Ob. DESCRIBE HO	W INJURY OCCUR	RED. (Ent	er nature af injury in f	Part I ar Parl II	af item 18.)		
(IF EITHER, NOT	IFY MEDICAL EXAMINER)								
20c. TIME OF IN.		20d. INJURY O			F INJURY (Home, form street, office bldg., etc.		town)	(Caunty)	(Stote)
Hour a. i	10		while work	idelary,	sileer, office blug., etc.	1			
		attanded the	deserved from	Jer	01.81 10	48.10-1	IPRIL 3	106/11	nat (I) (we) last
/	that (1) (this hospital)	/ 45 /	A			7	7		
220. SIGNATURE	eased alive an Colface	130 19	and that	death	accurred at 5.12	M, from th	e causes an	a an the date	22b. DATE
VII	omex !	Whele	eler	M.D.	ATTENDING ME	D. RECTOR	STAFF PHYS.		SIGNED
22c. PHYSICIAN	'S	,	- 4		22d. ADDRESS	1 1101		7111	0
1770	SIEINH	EELL	E.C.		Kanaa	USTO	When-	fully	
23a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. N/	AME OF CEMETERY	OR CRE	MATORY	23d. LOCATIO	N (City, tawn, c	r county)	(State)
Burial Spec	ify)		Woodlawn		metery	1 2 2 1 2 2	dlawn	, Maryl	
24. FUNERAL DIRECT			DRESS	mu	250. REC'I	D BY REGISTRA	R 2Sb. REGIS	TRAR'S SIGNATU	IRE
dran	A 21- 110	mell!	1. Pe	wel	DATE MA	Y 17'61	an	Thung & the	te A
			The state of the s	- 1 The					The same of the sa

TO HOSPITAL OR ATTENDING of SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pagmay be retained by the haspity of stending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

Then please remove carbon papers. Pages 1 and 2 shauld be filed wit

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FOR STATE LEATH DEPT.

TO DEPUTY MEDICAL EX. INER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3909 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03903

1. PLACE OF DEATH COUNTY: 10 PROPERTY BANKS AND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Md b. COUNTY alto e
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) 4807ostland Dlvd.	d. STREET ADDRESS 407 Lestland Blild 407 Lestland Blild 408
3. NAME OF DECEASED (Type or print) Catherine Frances Campbel	2
Female White WIDOWED X DIVORCED	Jan • 25,1880 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min. Months Days Hours Min. Hours Min. Hours Min. Hours Min. Min. Hours Min. Ho
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home House duties	Baltimorella fifa
John winter hu frister	Mary Sharpley Sharpley
	rs Doris White 107 Westland Blvd
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY Coronary thrombosic	s. Cardio vascularheart disease ONSET AND DEATH
420.1 DUE TO	
Conditions, if any, which (b)	
geve rise to immediate ceuse (a), stating the undarlying DUE TO	
couse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2De. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	inter neture of Injury In Pert I or Part II of item 18.)
	CE OF INJURY (Home, ferm, 20f. (Clty or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy, Inspection X; Inquiry X and in my opinion
death resulted from: Natural causes Accident . Suic	de, Homicide, Undetermined manner
en 1 + 11	CHIEF MEDICAL EXAMINER
SIGNATURE SE MINES	M.D. ASSISTANT MEDICAL EXAMINER April 14 .1961
examiner's NAME (Type) Geo.S.M. Hieffer M.D.	Address (Streat, city, town, or county) 1010 Leeds Ave
222. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF New Catheral	CREMATORY 22d. LOCATION (City, town, or country) (State)
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens Av	re. DATAPR 19'61 Cirthur S. Hraces

Merry alienplen and where the proof of the contract of the con With michigan and a seeing Burdal 3/13/61 New Catherel Centler; Bellimore Largland Newsto H. Hubbard 4107 Williens Ave. A Charachard Track Line Ave.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3910

03904

	m = 100, 0				1.				TV V	
1. PLACE OF DEATH	-1-4	i Y	MARY		. USUAL RESIDENCE (W	here deceased	lived. If institution b. COUNTY			ion)
	altimore (If outside corporate limi	its write	c. LENGTH OF STAY		ec. CITY OR TOWN (IF	quitride corno	rote limits write P	Balti		n)
RURAL ond give	nearest tawn)	,					2.35	OKAL ONG GIVE	negresi ioni	
	tevenson ITAL (If not in haspital, g	ive street	Lifetin	16	Steve:	nson,	Md.		e. IS RES	UDENCE
OR INSTITUTION	1					- Da			ON A	FARM?
Steven			venson, Mo		Stevens	-				NO X
3. NAME OF DECEASED (Type or print)	Lewis		Middle Willia	ım	Caple, Sr	4. DATE OF DEATH	April	27,	/	Year 19 61
S. SEX	6. COLOR OR RACE	7. MAR	RIED X NEVER MARRI	ED B.	DATE OF BIRTH		9. AGE (In years last birthdoy)	Months Day	-	ER 24 HRS.
Male	White	WIDOW	ED DIVORCE	D	Sept. 2,	1894	66 yrs.	Mollins Day	rs naurs	Min.
Oa. USUAL OCCUPAT	TON (Give kind af work arking life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUSTR	Y 11. BIRTHPLACE (State	e or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY
Retir		A	merican (Dil C	o. Carrol	1 CO.	.Md.	U.S	.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				2776
Charle	s C. Capl	e		- 1	Cather	ine S	hipley			
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. INFC				venson	. Md.	
No No	(If yes, give wor or dates of s		216-10-076	55 Mr	s.Edna Bla	anche				
	EATH [Enter only one co	use per li	ine far (a), (b), and (c).]	-1	1	_		NTERVAL BE	TWEEN DEATH
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Corps	nen	1 Thro	mfo	ma		7 IN	my
420). / DUE TO			6		4.	1	-	50	0
Conditions, if		1	alul	rate	red and	eno	sclero.	20 5	every	Inv.
gave rise to couse (a), stoting			1		8					-/-
lying cause last		:)								
PART II. O	THER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	'EN IN PART 1(c	19. WAS PERFO YES	DRMEDE
PART II. O 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED.	Enter nature af injury in	Part I ar Par	t II of item 1B.)			PAR
	JRY Month, Day, Ye	or 20d.	INJURY OCCURRED		OF INJURY (Hame, far		ar town)	(Caun	ity)	(State
Hour o.m	10	While at wa		factor	y, street, affice bldg., et	(c.)				
					11	1-7-	2910	1061	4h 4 (1) (
	nat (I) (t his hospita	diren	4			95_/,.ta_	91	M. 196/.		
220. SIGNATURE	ased alive an	20 0	Yet IYRL., and	that dec	ath accurred at 64	E.M. fram	rne causes din	a an the do		d abave
	Varil &	+ A	ourse	M.I	D. PHYS.	MED.	STAFF PHYS.	280	am	SIGNE
22c. PHYSICIAN'S NAME (Type)		14	1 Roy.	se	122d. ADDRESS	1e46	enp P	kesv	ill	es 14.
23a. BURIAL, CREMATI REMOVAL (Specif)F	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCA	TION (City, town,	or county)	(Sto	te)
Burial	May 1,	1961	45	Ridge	Cemetery	Pi	kesvill		Id.	
4. FUNERAL DIRECTO	R'SSIGNATURE		PODRESS /		11016	D BY REGIS		STRAR'S SIGNA		
Frans	4. 110	in ift	1 (HAPL	rais US	DATE	17 1 '6	1 an	Chun S. The	AAA	

may be revained by the haspit. If attending physician.

TO FUNERAL DIRECTOR: After this Certificate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotian, ar removal, and in any event, within 72 hours after death. SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag TO HOSPITAL OR ATTENDING VR A1S (4) 1SM 9/S9

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				7. 7. 3. 5. 0					
5 347.59	47 348	ALTEN AND	SE STATE	TENE Z					
	Living			Art. I water					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE TH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ne funeral director. Page e retained for your files. he Stote Board of Health, er death. o. COUNTY b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negres! town! Lifetime Stevenson. Md. Stevenson, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospilot, give street address) d. STREET ADDRESS Stevenson Road Stevenson, Md. Middle 4. DATE Month DECEASED (Type or print) DEATH Charles Vivin Carey.Sr. April 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED T DIVORCED T Male 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Retired 0 Baltie.Co.Md. Stevenson . Md. Give Pages 1 ile pages event with 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Martha Simons Carev form File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No Mrs. Ida Mae Carey. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). plong PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) Office DUE TO Conditions, if ony, which Angina gave rise to immediate couse DUE TO (a), stating the underlying Arteriosclerotic C-V Disease cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Diabetes 20 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none none 20c TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, office bldg., etc.) While Not while a m of work of work mone none none p. m.

21. I certify that I took charge of the remains described above, held an Autopsy ...

D. D. Caples, M. D.

Reg. Dist. No. Baltimore e. IS RESIDENCE ON A FARM? YES NOY Year 15. 1967 IFUNDER TYEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Stevenson . Md. Stevenson Rd., INTERVAL BETWEEN ONSET AND DEATH 5 min. 4 vrs. 7 vrs.

PERFORMED?

NOX

(Slote)

and in my

DATE SIGNED

designoted

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

execute the certificate, 4 should be forworded > FUNERAL DIRECTOR: 40 VS. A15ME 5M 2/57

22c. NAME OF CEMETERY OR CREMATORY 19,1961 Jessups Cemeterv

opinion death resulted from: Natural causes 📆, Accident 🗋, Suicide 🗍, Hamicide 🗍, Undetermined manner

22d. LOCATION (City, town, or county)

Inspection .

Cockeysville, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATESPR 24

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Cithur & Thank

(County)

Inquiry X.

. A Line of the same while . All doomers to watch and the action . #1# E. . 128 2 y a contract the same mail meant suffering to be all parette.

death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL OR ATTEND 4 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 may be retained by the hospital or attending physician and completely filled in by the function of the filled in the standard or use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3912 CERTIFICATE OF DEATH

	PLACE OF DEATH					SIDENCE (W)	nere deceesed lived, If		dence before	dmission)
	e. COUNTY	timore		MARYLAND	a. STATE	Marvlan	b. COUN	TY		
	b. CITY OR TOWN (i	f outside corporete lim	its,	c. LENGTH OF STAY IN 1			e corporete limits, write	RURAL end gi	ive neerest tow	/n)
	Fort Howa	give neerest town)		20 deres	Pari	timore		2V1	11-1	La
			if not in hosp	32 days	d. STREET A					ESIDENCE
	77 - L	A.d., 2 2	4.2		(05	TT 2011			YES	A FARM?
3.	NAME OF	Administra First	tion H	OSPITAL Middle	U OU5	W. 39t.	h St11		Dey Yee	-
	DECEASED (Type or print)	EDGA	D	W.	CADE	O			22 19	61
	SEX	6. COLOR OR RACE			CARR B. DATE OF BIRTH	1	White	IF UNDER 1 YE		24 HRS.
٥.	the second second		7. MINKIEL	NEVER MARRIED		1 900	last birthdey)	Months Dey		Min.
10.	Male	White	WIDOWE		July 20,		ОО уга.	112 CITIZE	N OF WHAT	COLINITAVA
do	ne during most of wo	ION (Give kind of wor rking life, even if retire	k 105, Kl	ND OF BUSINESS OR INDU	SIRY II. BIKIHPLAC	LE (County & Si	are, or foreign country)			COUNTRIL
	SUPERIOR U	nderwriter	In	surance	Baltim	ore, Ma	ryland	U.S	5.A.	
	Alexand	er O. Carr			Ka	therine	Hamilton			
15.		ER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17				AH. 390	00 Loch	Rave
(Ye		fyes give wer or detes of	service)				FORT HOW			
-	Yes	WW-1	e ceuse per li	ne for (e), (b), end (c).]		,			INTERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY	TOME					4 200	ONSET AND	_
	110	IMMEDIATE CAUSE (e)	PNE	UMONIA	_				1 WEEK	
	7 73	X X X X X X X X X X X X X X X X X X X	X Own	POPONIA COUT A D	A COTTONIA				RECENT	
	Conditions, if eny		CER	EBROVASCULAR	MOCTOFIL				VECP1/1	
	geve rise to immedi (e), steting the u	DISE TO)							
	ceuse last.) (c)								
NO	PART II. OTHER	SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DI	SEASE CONDITION GIV	EN IN PART 1	e) 19. WAS A	AUTOPSY DRMED?
AT									YES T	NO 1
CERTIFICATION	2Da. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter neture of i	njury in Part I o	r Pert II of item 1B.)			
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER	}							
K	2Dc. TIME OF INJU	IRY Month, Dey, Yo	eer 2Dd.		PLACE OF INJURY (H		f. (City or town)	(County	()	(Stete)
MEDICAL	Hour e.m.	19	While et worl	LAOI ALUITO	fectory, street, office b	oldg., etc.)				
2	p.m.			ded the deceased fro	- March 21	0 106	1 to April 2	2 106	1 that (M	(we) last
	21. I certify 1	nar A) (inis nosp	mai) allello	19.61, and the	hat double course	0:45	from the course	and on the	data state	d above
		sed alive onAu	1.11.22	19.01, and 1	nar dearn occure	d ar	from the causes	and on the		DATE
	22e. SIGNATURE	1111 /	010	a Kali	ATTENDING	MED.	OR PHYS.		1./22	61
ķ.	22c. PHYSICIAN'S	116 han	ulne	e pur	M.D. PHYS.	_	PRIS. LA		4/22/	OI
	NAME (Type	M. LAWREN	OF DIE	TN MT			18.Md. FOR	T HOMA	ועדת תק	STON
23	REMOVAL (Specify)	ION, 236. DATE THE	REOF	23c. NAME OF CEMETE			. LOCATION (City, to	wn or county)	(:	State)
1	Removal	4-30	-6/	Arlington N			Fort Meye			
24	FUNERAL DIRECTO	R'S SIGNATURE	6	009 Marford	Road	25e. REC'D BY	REGISTRAR 25b. RE			
1	Villiam Co	ok-Blight.	Inc.	Baltimore,	Md.	DATEMAY 1	'61 a	ithur S. H	rated	
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E3/22/E3 M. SANFRENCE HURS, M.D. VAN PARTIMONS AS, G. F. T. BANK AD DEVILORS

Administration of the second sensitive of the second s high Difference Malian Dock-Might, inc. Estrimore, Mc.

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DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 3913 2. USUAL RESIDENCE (Where decesed lived, If institution: Residence before edmission) Film G28 1. PLACE OF DEATH e. COUNTY b. COUNTY e. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) p write RURAL and give nearest town) = " Baltimore Fort Howard 40 Davs filled i affe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO Y 703 Mosher Street Veterans Administration Hospital papers. DATE Middle 72 DECEASED OF (Type or print) DEATH 19 61 LYMAN CARTER April within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and lest birthdey) Months WIDOWED Y DIVORCED Feb. Male Colored physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Drewrys Bluff, Virginia U.S.A. Moulder 13. FATHER'S NAME Sash Weight Corp. please attending Harriet unknown Lee G. Carter
WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service) remova VAH Baltimore Md -Ft Clinical Rec Howard Div. the WW-1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: PNEUMONIA 2 WEEKS g physic signed IMMEDIATE CAUSE (e) burial-transit DUE TO 2 MONTHS affending Conditions, if eny, which CEREBRAL THROMBOSTS been geve rise to Immediate cause DUE TO (e), steting the underlying has UNKNOWN GENERALIZED ARTERIOSCIEROSIS certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? hospital YES X NO prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for the Affer this 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) factory, street, office bldg , etc.) While Not While Hour e.m. death. Page 4 may be refailed.

TO FUNERAL DIRECTOR:

director, page 3 should be delt

be filed with the State Dept. of at work et work 21. I certify that (X (this hospital) attended the deceased from March 7, 19.61 to April 16, 19.61 that (X (we) last saw the deceased alive on April 16, 19.61, and that death occured a poly from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING -16-61 DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS E. ROWAN VAH Baltimore 18 Md -Ft Howard Division 23c. NAME OF CEMETERY OR CREMATORY 230. SURIAL, CREMATION. | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Baltimore National 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE 1808-10 N Monroe St VR A15 (4) APR 1 8 '61 15M 9/60 Arlington S. Phillips DATE Baltimore 17. Md.

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

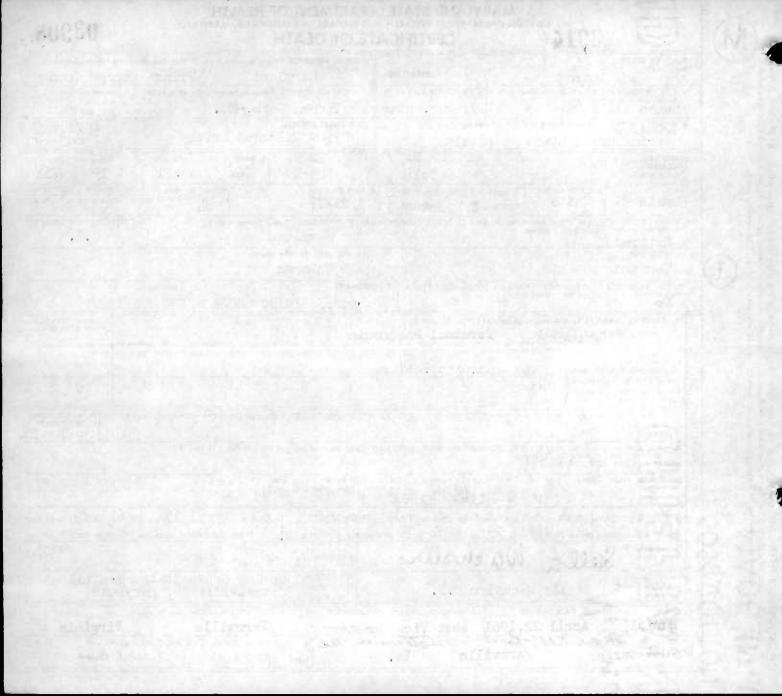
CERTIFI	CATE OF	DEATH

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		9314		CERTIF	ICAII	E OF DE	AIH					,00	VU
1. F	PLACE OF DEATH C. COUNTY Bal t	imore		MARY		o. STATE	NCE (WI	and a series	d lived. If instituti b. COUNTY Prin	-		re admiss	
t	LITY OR TOWN (I	outside corporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	WN (If o	outside corpo	prote limits, write R	URAL ond	give nec	rest town	1)
	Catonsvil	le 28		21 mos. p	lus	Tacor	na Pa	ark, M	ld.	11	5	4).	-)
•	OR INSTITUTION	al (If not in hospital, or				d. STREET AD		dwood	Drive				FARM?
. !	NAME OF	Fi	rst	Middle		Last		4. DATE	Mor	nth	Do	y	Year
	DECEASED (Type or print)	Mary		Belia	3	Chic	ck	OF DEATH	Apri	1.	19		1961
_	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE		3/21/77	0 =		9. AGE (In years last birthday) yrs.	Months Months	R 1 YEAR Days	IF UND	Min.
Ja	. USUAL OCCUPATION during most of work Retired	DN (Give kind of wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUSTR		ce (State		country)	12.CI		WHATC	OUNTRY
3.	FATHER'S NAME Unknown					14. MOTHER'S A Unkn	AAIDEN I	NAME					
		R IN U. S. ARMED FOR If yes, give war or dates of		SOCIAL SECURITY NO.	Rec		SPRI	NG GRO	Add VE STATE		ITAL		
	Conditions, if o gave rise ta in couse (a), stoting lying cause lost.	mmediate (b) (Ferminal Pn Cardiac Fai		la							
CERTIFICATION	MARKE.	IER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEA						VEN IN PA	RT 1(o) 1	9. WAS PERFO YES [RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OF	CCURRED.	Enter noture of	injury in	Port I or Po	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Haur a.m. p. m.	Y Month, Doy, Ye	or 20d, I While at war			E OF INJURY (Hery, street, office I			y or town)		(Caunty)		(Stote
		t (I) (this hospita ed alive an <u>Apr</u>		ded the deceased					April 19 the causes ar				
	220. SIGNATURE	Hella	Wa	choler	M.I	ATTENDING PHYS.	CA M	NED.	STAFF PHYS.			22	b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Stella W	achs.	ler M.D.		22d. ADDRES			Grove Statille 28,				
	BURIAL, CREMATIO	April 22			w Cen	etery		Farmy	TION (City, town,	or county)		(Sioi	
24D	oyne& Bur	Ser]	army	ADDRESS Calo	nave			D BY REGIS	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ISTRAR'S S			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directions as should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. attending physicion. moy be retained by the hospital VR A15 (4) 15M 9/59

TO HOSPITAL OR ATTENDING PA



FOR STATE

1

TO DEPUTY MEDICAL EX. INER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

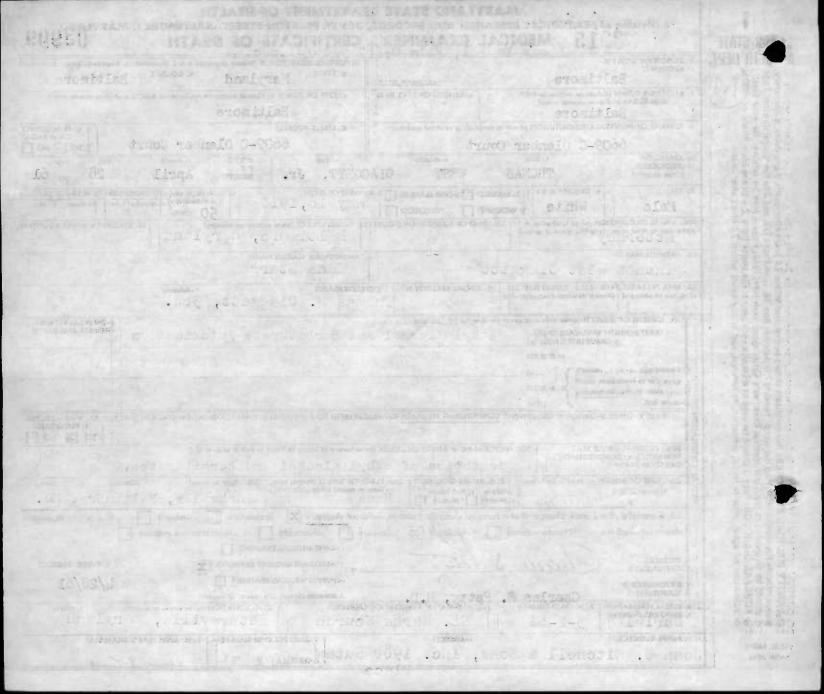
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3915 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OF DEATH MEDICAL EXAMINER'S CERTIFICATE

1. PLACE OF DEATH o. COUNTY Baltimore	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, a. STATE Marvland b. COUNTY Baltimore								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore MARYLAND c. LENGTH OF STAY IN 1b		neerest town)							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6609-C Glenbar Court	d. STREET ADDRESS 6609-C Glenbar Court	IS RESIDENCE ON A FARM? YES NO							
3. NAME OF First Middle DECEASED (Type or print) THOMAS WEST CL	AGGETT, Jr. 4. DATE Month Day	8 19 61.							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH May 18, 1910 9. AGE (In years IF UNDER 1 YEAR last birthday) 50 yrs. Months Days	IF UNDER 24 HRS. Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A CLOTNEY 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN C	F WHAT COUNTRY							
Thomas West Claggett	14. MOTHER'S MAIDEN NAME Edna Starr	18016							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgive werordeles of service)	informant nomas W. Claggett, 3rd.								
Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.	and Barolturate Intoxication	NSET AND DEATH							
PRIMARY IT of CONTRIBUTING IT	(Enter nature of Injury in Pert I or Pert II of item 18.)	PERFORMED? YES NO							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	chyl alcohol and barbiturates. LACE OF INJURY (Home, farm, 20f. (City or town) (County) Lolory, street, office bldg., etc.) Parkville, Baltimo	(Stote)							
ACTUAL OLONG STORM	icide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .	in my opinion							
EXAMINER'S	DEPUTY MEDICAL EXAMINER [28/61							
Charles S. Petty M.D. 22a. Burial, Cremation, 22b. Date thereof Removal (Specify) Burial 5-1-61 St. Marks	a m m BE m	(Stete) and							
John O. Mitchell & Sons, Inc. 1900	The Carther of The								



VR A1S (4) 1SM 9/59

3916

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03910

PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Baltimore	MARYLAND	Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, v RURAL ond give nearest town) Catonsville 28	c. LENGTH OF STAY IN 16 LYT7mos plus	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 15
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION SPRING CROVE STATE I	street address)	d. STREET ADDRESS 4013 Ridgewood Avenue e. IS RESIDENCE ON A FARM? YES \(\sum \) NOT
3. NAME OF First	Middle	Lost 4. DATE Manth Day Year
(Type or print) Rmanuel		Colvin OF April 28 19 6
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
Male White w	IDOWED DIVORCED	8/25/09 Syrs. Months Doys Hours Min
IOa. USUAL OCCUPATION (Give kind af wark don	e 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired) Unemployed		Maryland U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Joshua Colvin		Anna Rosen
S. WAS DECEASED EVER IN U. S. ARMED FORCES	2 14 505141 55511077 110 117 1	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service	,	ECORDS: Spring Grove State Hospital
unknown -	- 11	Ecoups: Shiring drove searce nospiter
18. CAUSE OF DEATH [Enter only one cause	per line for (o), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchopneumor	
DUE TO		
Conditions, it any, which)		
gave rise to immediate (
lying cours last		
	TOUR CONTRIBUTION TO DEATH BUILDING	THE TOTAL TO
FART II. OTHER SIGNIFICANT CONDITI		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
Alzneim	er's Disease	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or Part II of item 18.)
Haur a.m.	20d. INJURY OCCURRED While Not while at wark at work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stocetory, street, office bldg., etc.)
21. I certify that (I) (this hospital) a saw the deceased alive on Apri	attended the deceased fram. il 28 19 61, and that	11/21/61 19 ta April 28 19 61 that (I) (we) ladeath accurred 11:15 M, from the causes and on the date stated above
220. SIGNATURE LNETTA	Have	M.D. PHYS. DIRECTOR PHYS. April 28, SIGN
22c. PHYSICIAN'S NAME (Type) Loretta	Hsu M.D.	22d. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
REMOVAL (Specify) 4-30-61	23c. NAME OF TEMETERY S	PREMATORY 23d. LOCATION (City, town, or county) (Stote)
Jack Lewis Me 2	100 Cletale	Place DATE MAY 1 '61 25b. REGISTRAR'S SIGNATURE Cuilly S. Thank

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MARYLAND STATE DEPARTMENT OF HEALTH

OIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
3917 CERTIFICATE OF DEATH
03911

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where		sidence before admission)
BALTIMORE	MARYLAND	a. STATE MARYLAND	b. COUNTY	· · · · · · · · · · · · · · · · · · ·
 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16		corporete limits, write RURAL end	give neerest town)
FORT HOWARD	628 days	BALTIMORE	2 V	01-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATIO	ON HOSPITAL	3438 Park	Heights Avenue	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DAT	E Month	Day Year
(Type or print) William	H.	Cook	TH April 22	19 61
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 18	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
Male White WIDO	WED DIVORCED (ctober 15, 1893	lest birthday) Months D	eys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Painter Painter	inting Contracto	r Baltimore, Man	rvland	J.S.A.
13. FATHER'S NAME	THOUSE CONTOR GOOD	14. MOTHER'S MAIDEN NAME		
John W. Cook		Mary B. Al	rare	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			OO Toch Rave
(res) ne, or anxemity (nyes give were or deles or service)		vd. Balto 18, Md.		
18. CAUSE OF DEATH [Enter only one ceuse p		rade parte to, Mr.	, rt. noward Di	I INTERVAL BETWEEN
		A DIE MO GADOTNO	M OF COLON	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ASTATIC CARCINO	A DUE TO CARCINO	MA OF COLON	O LEARD
153 DUE TO				
Conditions, if any, which (b)				
geve risa to immediate ceuse				
(a), stering the underlying				
z PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NO	T BELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	I/all 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT IN	THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	PERFORMED?
3 PNEUMONIA	HOLE SECTION AND ALL			YES K NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED), (Enter neture of injury in Pert I or Pe	ert II of item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f.	(Coun	ty) (State)
HI .	hile Not While fac	tory, streat, office bldg., atc.)		
		1	A17 00 /	1
21. I certify that (IX(this hospital) att	,			
saw the deceased alive on April 2	219.61, and that	death occured 10:204M	rom the causes and on th	
22a. SIGNATURE	01-	ATTENDING MED.	STAFF	22b. DATE SIGNED
1111. Land	melletin		PHYS. 1	/22/61
22c. PHYSIQIAN'S	UBIN, M. D.	VAH, BALTO. 1	8, MD. FT HOWARI	DIVISION
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		OCATION (City, town or county)	
REMOVAL (Specify) 4/26/61 Purial	Baltimore Na	tional Ba	ltimore 28, Mar	yland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se, REC'D BY RE	GISTRAR 256. REGISTRAR'S S	
wm-Cook Blight, Ind. 6009	Handand Dd Dal	to 11. Mohr APR 25	'61 Orthun S.	There
wm-Gook Blight, Ind. 6009	Harrord un. Par	THE THEFT		

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4/26/61 Equipment to Local Expension 25, sectional

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M. DARTHER SCREEN, M. C. VAH., CANTO. AB, MOS. PT WARRED DEVILED OF

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S Total	3	CERTIFICATE	OF
with.			-

13		3913		CERTIF	ICA	TE OF D	EATI	4		Reg. D	ist. No.	113912
	PLACE OF DEATH a. COUNTY Baltimore			MARYL	- 1	2. USUAL RESID a. STATE Maryl		here decease	d lived. If institu b. COUNT	lian: Reside	nce befa	
	b. CITY OR TOWN (RURAL and give n	(If autside carporate lim learest tawn) cott City	its, write	c. LENGTH OF STAY IN	N 16		OWN (IF		rate limits, write			arest fawn)
	OR INSTITUTION	TAL (If not in haspital,)	give street	address)		d. STREET AD	DRESS	ck Rd.				e. IS RESIDENCE ON A FARM? YES NOT
L	NAME OF DECEASED (Type ar print)	GEORGE Fi	rst .	Middle CLARENCE		CORUN		4. DATE OF DEATH	April	nth 2]	Do	y Year 1961
5.	male male	6. COLOR OR RACE White	7. MAR WIDOW	RIED TO NEVER MARRIED	_	July 8 1	878		9. AGE (In years last birthday) 82 yrs	Manths	R 1 YEAR Days	IF UNDER 24 HRS. Haurs Min.
100	during most of wor	king life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUSTI		ce (Stole		ountry)	12. CI	TIZEN C	F WHAT COUNTRY
13.	FATHER'S NAME Albei	rt Corun				14. MOTHER'S Jenni						
	WAS DECEASED EVE s. no or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	social security No. 18-05-3297		Corun	New	Cut R		ott C	ityn	Md.
NO	Canditians, if a gave rise to i cause (a), staling lying cause lost.	the under-)	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERM	INAL DISEAS	E CONDITION G	VEN IN PA	RT 1(a) 1	9. WAS AUTOPSY
AL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OC								PERFORMED? YES NO DA
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	While at wa	Not while	facia	E OF INJURY (H iry, street, affice	ame, farm bldg., etc	1, 20f. (City .)	ar tawn)		(Caunty)	(State)
	21. I certify it alive on	Thomas F	2		death o	D. 46	Chui	M, fran	n the causes freet, city ar tawn OAd	and an i	the da	the stated above PATE SIGNED
L	BMOVAL Specify	4/24/01)F	Good Shep					TION (City, tawn,	- "		(State)
	F.C. Higin		E	ADDRESS Ellicott Cit	y, l		240. REC	D BY REGIST	RAR 24b. REG	ISTRATE'S SI		RE

YSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page may be retained by the hasp, or attending physician.

TO FUNERAL DIRECTOR: After way certificate has been signed by the attending physician and completely filled in by the funeral directors as should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING VS A15 (4) 15M 9/55

REED III as as as	HTASO FORTH	
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FOR STATE TO DEPUTY MEDICAL EX. MINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3919 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03913

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before admission)
Baltimore MARYLAND	e. STATE b. COUNTY Raito
b. CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town)
write RURAL end give neerest town) Lansdowne	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Lansdowne d. STREET ADDRESS 303 Co. and Annual let Is RESIDENCE
XXXXXXXXXX 103 Second Avenue	d. STREET ADDRESS 103 Second Avenue on a FARM?
3. NAME OF First Middle DECEASED	Lesi 4, DATE Month Dey Yeer
(Type or print) Carrie Cook Coyle	DEATH April 18,1961 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS, last birthday) Months Devs Hours Min
Female White WIDOWED DIVORCED	Aur. 3,1890 To yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired) Home Home Home duties	
13. FATHER'S NAME	1 Penna U.S.A
	Ann Snider
Albert S, Cook	MARKETTE COLUMN TORU BULLINIA AG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 9	INFORMANT WITH A WALLAND WITH Address
	eah M. Covie 103 2nd Ave.27
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	eph M. Coyle 103 2nd Ave 2/
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Avute cardiac	ONSET AND DEATH
IMMEDIATE CAUSE (e) AVI CO CATILLAC	hear' l'ail ire
TLZ'/ DUE TO	
Conditions, if eny, which) (b) Cardio vascular h	eart discase
geve rise to immediate cause DUE TO	
cause lest. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
OE CONTRACTOR OF	PERFORMED? YES NO ("")
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury in Pert I or Pert II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	and reduce of injury in real to real it of near to.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While st work at work	lory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection . Inquiry . and in my opinion
death resulted from: Natural causes	ide, Homicide, Undetermined manner
N 1/2/1/	CHIEF MEDICAL EXAMINER
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEDICTY MEDICAL EVANISED [] []
EXAMINER'S NAME (Type) Geo. S. M. Kiefter M.D.	Address (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country) (Stete)
REMOVAL (Specify)	7-211
Burial 4/21/61 Lorraine F	Park Cem. Baltimore, Maryland
Howard H. Hubbard 4107 Wilkens Ave	DATE PR 2 4 '61 arily S. Kines

buriel "/1/1 Lorelee Perk Ver, Estimue, West and

Howard F. Hubbard Alor Willens Ave.

VR A15 (4) 15M 9/59

3920

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03914

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore County MARYL	LAND MARYLAND - ACOUNTY ARUNDEL
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) Mt. Wilson, Maryland 23 How	
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Mt. WILSON State Hospital	d. STREET ADDRESS 26 BUNCHE STREET e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) SEPH WES	STLY CILLEY DEATH APRIL 6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEGRO WIDOWED DIVORCED	last birrinday) Months Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WAR CYLAND U.S.A.
13. FATHER'S NAME THOMAS CULLEY	ELIZABETH TURNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes. give wor or dotes of service) 7134142 612 144 220-01-5972	17. INFORMANT Address 2 Hospital Records, Mt. Wilson State Hospital
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	oma of the Rung with Metastases abbroxi-
DUE TO Conditions, if any, which (b)	-marchy 15 days
gove rise to immediate cause (a), stating the <u>under-lying couse last.</u> DUE TO (c)	
CATIC	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I ar Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Nat while of wark of wark	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or tawn) (County) (State)
21. I certify that () (this hospital) attended the deceased sow the deceased alive on	fram. 4 15 1. 1961, to 14 16 1. 1961, that W (we) last that death occurred at 1024M, fram the couses and an the date stated above.
220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 466.
22c. PHÝSICIAN'S NAME (Type) Wm. Newconer, M.D., Superintendent	
Busice 4-11-1961 Maties	TERY OR PREMATORY 230 LOCATION (City, town, agreculty) (Stope)
21. FUNERAL DIRECTOR'S SIGNATURE. ("ADDRESS")	DATE APR 1 2 '61 Cuthur 28. Known

A TOURS OF THE SERVICE OF THE SERVIC Date of the late of the second All the state of t Note that the second of the se

CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY MERVIEND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 write RURAL and give neerest town) filled d. NAME OF HOSPITAL OR ASSITUTION (if not in hospital, give street eddress) d STREET ADDRESS Middle DECEASED (Type or print) DEATH NEVER MARRIED pue WIDOWED DIVORCED [physician USUAL OCCUPATION (Give kind of work remove done during most of working lite, even if retired) attending ph Then please r (Yes, no, or unkewn) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Condilions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work DIRECTOR: saw the deceased alive on....... 22e. SIGNATURE MED. STAFF death. Page To FUNERAL I DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, 1 23e. BURIAL, CREMATION, 23b. DATE THEREOF 25e. REO'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceesed lived, If institution, Resi COUNTY TOWN (If our de corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YES NO AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. ast birthdey) or loreign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO I

> > (Stete)

22b. DATE

SIGNED

(County)

.....(. 19. 4, that (I) (we) last

The state of the s Pollower Bollows Jones Lollens 1775 Miles for de 1728 Underfor and The BEPSHADETTE IN CURRAN ESPORT IE EN Finale White the Comment of the Office of Without Bullinger 22 a (I) fough a. Conus Teo my strape a charge a solution the colored by war of the colored A THE X INC. AND A STATE OF THE ELECTION TO THE POST OF THE POST OF STREET Buck Chilly of the Charles Conty House Contract the may the Hemperor Samelos of 1825 feels that Consider was a war as me as the

death.

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SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag

3923

may be revolved by the hospitation of an area of the formal physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the State Board of Health prior to burial, cremotion, ar removal, and in ony event, within 72 hours after death.

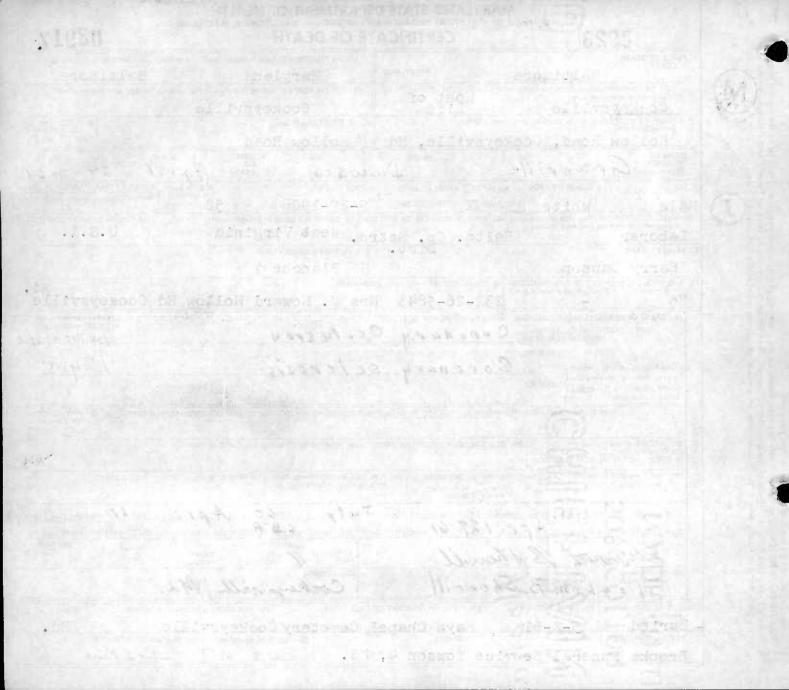
TO HOSPITAL OR ATTENDING

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03917

1. PLACE OF DEATH o. COUNTY				2. USUAL RE	SIDENCE (Wh	ere deceased			nce befor	re admissi	ion)
6. COUNT	Baltimor	е	MARYLAND	a. STATE	Maryla	and	b. COUN	" Bal	Ltin	ore	
b. CITY OR TOWN (IF RURAL ond give ned Cockeys		s, write	C. LENGTH OF STAY IN 16 Most of Life	c. CITY C	Cook	evsvi		RURAL ond	give nea	rest town)
d. NAME OF HOSPITA	AL (If not in haspital, gi				T ADDRESS	CAPAT	116			e. IS RES	IDENCE
OR INSTITUTION	Dana Ca	-1	and Ta Ma	/ II-7	7 a D	003					FARM?
	Road, Co	скеу			low R	T					
3. NAME OF DECEASED (Type or print)	ranvill	e	Middle D	awso	lost h	4. DATE OF DEATH	17pm	n il	200	7 1	1961
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BI	RTH		9. AGE (In year	Months	R 1 YEAR Days	Hours	R 24 HRS.
Male	White	WIDOWED	DIVORCED [9-29-	1908		20	rs.	Days	HOUIS	жіп.
Laborer	N (Give kind af work d ng life, even if retired)	Bal		tro. We	est Vi	rgini		12. CIT		WHAT C	OUNTRY?
13. FATHER'S NAME			Dist.	14. MOTHE	R'S MAIDEN N	IAME					
Harry Da	awson			Bl	anche	?					
15. WAS DECEASED EVER	IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17.	INFORMANT		1.53	A	ddress	11.5	100	Md.
No			2-26-5843	Mrs J.	Howa	rd Ho	llow H	Rd Co	ckej	svi	lle
	TH [Enter only one cou	se per line		00.1.			7			RVAL BE	
112	IMMEDIATE CAUSE (0)	0	ronary	Ocaly	5104				1/1	n Me	diat
420.	DUE TO	0		,					1	7.	
Canditions, if on gove rise to im		0	ronary	SCIE	NOS13	5			1	240	· S.
couse (o), stating t											
lying couse last.) (c)										
Z PART II. OTHI	ER SIGNIFICANT COND	OITIONS <u>CC</u>	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM!	NAL DISEASE	CONDITION	GIVEN IN PA	RT 1(a) 1	PERFO	RMED?
	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter notur	e af injury in f	Part I ar Part	II of item 18.)	153			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	while at wark	Nat while	PLACE OF INJUR foctory, street, at			or town)		(County)		(State)
	/1 /	attende	d the deceased from	July		60, ta	Apri				we) last
saw the decease	ed dive dn.21		and that	death accur	red die	./w.c.rram	ine causes	ana an th	e date		b. DATE
Ellia	but B.	& he	vill	M.D. ATTEND		ED. RECTOR	STAFF PHYS.				SIGNED
22c. PHYSICIAN'S.	abeth B.	She	errill	22d. AD	rekey	o vile	L, 191.	۷.			
23a. BURIAL, CREMATION REMOVAL (Specify)	N. 23b. DATE THEREO	F	23c. NAME OF CEMETERY	OR CREMATORY	1	23d. LOCAT	ION (City, tow	n, or county)		(Stot	e)
Buried	5-2-61		Mays Chap	el Ceme	eterv	Cocke	vsvill	e		M	id.
24, FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGISTI		GISTRAR'S S	IGNATU	RE	
Brooks F	uneral Se	rvic	e Towson 4	, Md.	DATE MA	Y 2 '6	1 (Irthur S	. than	A	



MARYLAND STATE DEPARTMENT OF HEALTH

N OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13924 CERTIFICATE OF DEATH

()3918

	CE OF DEATH				2.	USUAL RESIDE	NCE (Where			sidence befor	e edmission)
		altimore		MARYLANI		e. STATE Maj	ryland	b. COU	NIT		/
		outside corporete limit	s,	c. LINGTH OF STAY IN	Ь	c. CITY OR TOWN	(If outside o	corporete limits, wri	te RURAL end	give neerest t	own)
	Fort Ho			2 Days		Balt	timore		~	SV	0 -
d. N	AME OF HOSPITA	AL OR INSTITUTION (il	nol in hos	spital, give street eddress)		d. STREET ADDRES	S				RESIDENCE
V	eterans	Administra	tion	Hospital		2905 St.	Paul	Street		YES [NO XX
3. NA		First		Middle		Last	4. DAT	E Mon	th	Dey Y	eer
	e or print)	LOUI	S	W. DEHI	FR		DEA	TH APRIL	29	1	9 61
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	B. D	ATE OF BIRTH		9. AGE (In yeer			ER 24 HRS.
M	ale	White	WIDOWE		8/	30/87		1ast birthdey)	Months De	ys Hours	Min.
10e. US	SUAL OCCUPATION	ON (Give kind of work		IND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Co	unty & Stete,	or foreign country) 12. CITIZ	EN OF WHAT	COUNTRY
	hinist	ding life, even if retired		. Navy Yard		Roll+1mone	Man	brefa	II C	S.A.	
	THER'S NAME		0.0	· Mary Tard	14	Baltimore . MOTHER'S MAIDE	NAME	y Laiki	1	30110	
	Ada	m Dehler				MAON		UNKNO	(NW		
	S DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INF	ORMANT		Addre	15		
		rangive wer or detes of se	rvice)	C	in	Pec VAH R	alto M	d Fort F	Iouand I	Divies	on
	Yes WW I Clin.Rec.VAH, Balto.Md. Fort Howard Division 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]										
	PART I. DEATH	WAS CAUSED BY:	CARCT	NOMA OF THE	TOWN	ו מתר שודיים	MED TO A CO TO	ACTS TO 1	מיתוד	ONSET AN	D DEATH
	151	N /		NOMA OF THE						-	
	1 1	XXXX		NCREAS, GALL	-DIL	DDER' POM	תוודו כעד	LEDINOT.	LIVAL	TIMEZAL	CLINT
	nditions, if any, ve rise to immedia	41000	NQ	DES	-					UNKN	OWIN
(0)	, steting the un	DUIT TO									
-	ise lest.) (c)_									4117-0-11
<u>8</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
3		LYCYSTIC K								YES X	X NO 🖸
CERTIFICATION OB OB (IF	CONTRIBUTING [S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	IRED. (E	nter neture of injury i	n Pert I or Pe	ert II of item 18.)			
Z 200	c. TIME OF INJUR	Y Month, Dey, Yea	r 20d.	INJURY OCCURRED 20e.		OF INJURY (Home, fe		(City or town)	(Count	ly)	(Stete)
WED	Hour e.m.	10	While et wor		tactory,	street, office bldg., e	rc.)				
	p.m.	ne /W (this hosnit	-	ided the deceased fro	M	arch 30	1067	to April 2	00 10 /	67 that (6	(wa) las
sav	w the decease	ad alive onAD	ril.2	919.61., and 1	hat de	eath occured at	L:20, P	om the causes	and on th	e date sta	ted above
226	. SIGNATURE				,	ATTENDING	MED.	STAFF		2	26. DATE
		1 11	240	11-	M.D.	PHYS.	DIRECTOR	PHYS. K		4,	/30/61
220	NAME (Type)	Lionald	211	Hewar	X	22d. ADDRESS	mo 1m	Toom W	OF \$4 7050 TO	TITTOTO	
				JART, M.D.				. FORT H			
23e. BL REM	JRIAL, CREMATIC	N, 23b. DATE THER	EOF	23c. NAME OF CEMETE			23d. L	OCATION (City, t	own or county)		(Stete)
_	urial	5-3-	61	Baltimore (eme			ltimore,			
24 FUN	HERAL DIRECTOR	S SIGNATURE	53	05 Harford Re	had		MAY 4	GISTRAR 25b. R		4	
Leo	nard J.	Ruck. Inc.		Itimore Mam			T IN	01	Tothur S.	Tirana	

TO HOSPITAL OR ATTENNING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

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Wie White

The Salar Total

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Chemisist U.S. Shvy Lard C. Palvanora, Maryland U.S.A.

Clim Rec. Val. Balto, Mc. Fort Round Pavishon

MANUTORIUS COM SUNDEN, MODINE SUND DESCRIPTION OF THE SECOND OF THE SECO

ATTENDED OF THE TREE

A clo % first so is north to % first 20 A first A

DOMEST W. BEETING, M.D. VAN, BANKS, PD. FORT HOLDINGS

Leonard J. Rack, Inc. Lalunce, Marylond

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	3925 MEDICAL EXAMINERS	CERTIFICATI	E OF DEATH	03919
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE	E (Where deceased lived, If	institution: Residence before edmission)
	Bow to maryland	o. STATE "Jan	b. COUN	En Con
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)	c. CITY OR TOWN (If	outside corporete limits, write	RURAL end give neerest town)
	Risterstain a me	- ORling	lissta	est.
	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)	d. STREET ADDRESS	11	e. IS RESIDENCE
	393 Butter Rd	1 395	Butter	Ref. YES NO NO
3.	NAME OF First Middle DECEASED	Lest	4. DATE Month	Day Yeer
	(Type or print) DOUBLAS GRET	DELRAIL	DEATH CLA	2- 17 19 2.1
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
	MINDOWED DIVORCED	Duc 18,19	lest birthdey) yrs.	Months Days Hours Min.
10:	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
ac	ne during most of working life, even if retired	Hantous	- Pa	26,50
13.	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME)	
	Was F. & Melbound	Zoroth	a alter	nem
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(1)	July July July	Java 2 Nag	Cha Delle	rock - Reichook
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Privates	va.		ONSET AND DEATH
	497 X DUETO			- cary
Н	Conditions, if eny, which \ (b)			
-6	geve rise to immediate cause			
	(e), stering the underlying			
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	I DISEASE CONDITION GIV	PN IN PART 1(a) 119 WAS AUTORSV
OL	- 100	1 mt 1	1 Same	PERFORMED?
FICA	200. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW MULTY OCCURED.	y HI Side	of pare	YES NO
CERTIFICATION	206. EXTERNAL CAUSE WAS DESCRIBE HOW JURY OCCURED, PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		or Pett II of Item 18.]	
ZAL.	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICAL	The state of the s	ctory, street, office bldg., etc.)		
	21. I certify that I took charge of the remains described above, h	ield an Autopsy . Ir	spection X Inquir	y X, and in my opinion
	death resulted from: Natural causes X, Accident . Sui	icide, Homicide _	, Undetermined m	anner
		CHIEF MEDICAL EX	AMINER [
	SIGNATURE X. 2, Caples	M.D. ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED
	EXAMINER'S D.D. CAPLES.	DEPUTY MEDICAL E		4-17-'61
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 2	2d. LOCATION (City, town	
	Burial April 19,1961 West Side Cem		Shomokin Dam,	
23	FUNERAL DIRECTOR ADDRESS		BY REGISTRAR 24b. REG	
	J.F. Eline & Sons, Reisterstown, Md.	DATEAPR	19'61 cm	thun S. Frank

VS. A15ME 5M 7/89

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Baltimore, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR ATTEND G PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11200.

1. PLACE OF DEAT		Ú			JSUAL RESIDI	ENCE (Where	deceesed lived, If	nstitution: Re	sidence bei	admission)
	Baltimore		MARYLANI		Ma	ryland		Bal	timore	
write RURAL en	(if outside corporete limits, ad give neerest town)		c. LENGTH OF STAY IN	1b		N (If outside co land	rporete limits, write	RURAL and	give neerest	town)
Ashlan	TITAL OR INSTITUTION (if a		(tal a fee at a state of denses)		STREET ADDRE				1 0 19	RESIDENCE
a. NAME OF HOSE	TIAL OR HASHTOTION (IF	noi in nosp	mei, give sireer eddress)	1						N A FARM?
Ashland	Road				Ashland	Road			YES	□ № 🖪
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Dey Y	feer
(Type or print)	HARRIS			ENMYEF		OF DEAT	Whiti			19 61
5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In yeers last birthdey)			DER 24 HRS.
Male	White	WIDOWED		Marc	h 12, 1	887	74 yrs.	Months D	Peys Hour	s Min.
	TION (Give kind of work vorking life, even if retired)	10b. KI	ND OF BUSINESS OR INDU	JSTRY 11.	BIRTHPLACE (C	ounty & State,	or foreign country)	12. CITIZ	ZEN OF WHA	T COUNTRY
Laborer- r		Ge	neral labor		Marylan	d		USA		
13. FATHER'S NAME	0 022 04			14. /	MOTHER'S MAID					
Un	known					Unkno	wn			
15. WAS DECEASED E	VER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17	7. INFOR	RMANT		Address			
(Yes, no, or unkown)	(If yes give we rordetes of service) None		8-10-5308	Famil	y recor	ds				
	DEATH [Enter only one co			1	J				INTERVAL	BETWEEN
1	TH WAS CAUSED BY:	7		15 7	7	1,	-6		ONSET AN	ID DEATH
2000	IMMEDIATE CAUSE	mi	y will	The	-01	inne	7		134.	-2-
人 行 行	DUE TO	A	1	the	Ange Colo	ense			11/	
Conditions,	y, which) (b)	M	Mel	no	411		7		year	
geve rise to imme	DI IC TO	1	11/		11		V	//		
(e), steting the	underlying	111	lessa	-0	leis	I		0	yea	12
cause lest.	ER SIGNIFICANT CONDITION	and CON	TOPPLITING TO DEATH BUT	T NOT DEL	TED TO THE TEE	DIAINIAL DISEAS	E CONDITION GIV	EN IN DADTA	16): 10 WA	S AUTOPSY
O PARI II. OIR	ER SIGNIFICANT CONDITIO	JNS CON	DEATH BUT	I NOT KELY	ALED TO THE TER	WILLY DISEAS	E CONDITION GIV	LIN IN FAM		REORMED?
3								0	YES	NO .
	WAS UNDERLYING [] :	20b. DES	CRIBE HOW INJURY OCCU	JRED. (Ente	r neture of injury	in Pert I or Per	t II of item 18.)			
U (IF EITHER, NOTIF	Y MEDICAL EXAMINER)		C							
3 20c. TIME OF INJ	JURY Month, Dey, Yeer	20d.	NJURY OCCURRED 200		INJURY (Home,		ity or town)	(Cour	nty)	(Stete)
20c. TIME OF INJ	. /	While		factory, str	eet, office bldg.,	etc.)		1		
			et work	-/-		26	11-7	-61		
21. I certify	that (I) (this hospita	i) attend	ded the deceased fro	om.(200 1	0.4-00		, that (1) (we) las
saw The decea	ased alive on	100	19, and t	that deat	h occured a	t/J.M, fro	m the causes	and on th	he date sta	ated above
22e. SIGNATURE	11	1//	11				CTAFF	170		22b. DATE
Darl.	119 1	MI	//		ATTENDING PHYS.	MED. DIRECTOR	PHYS.		4	29-6
22c PHYSICIAN	SI	110	1011		22d. ADDRESS	+	7		1	7 4
NAME (Typ	James of	N.	H+R11		/) 1	ersle	12/50	YK	' /Y	9
	TION, 236. DATE THERE	OF	33c. NAME OF CEMETE	ERY OR CR	EMATORY	23d. LC	CATION (City, to	wn or county	')	(Stete)
Burial (Specif	April 29.	1961	Mereland Me	emoria	al Cemet	ery P	arkville	, Mary	land	
24 FUNERAL DIRECTO			ADDRESS				ISTRAR 25b. RE	GISTRAR'S S	IGNATURE	
	ens' Sons, To	wson.	Maryland		DATE	MAY 1 '6	on an	Uhun 8. 1	Krans	
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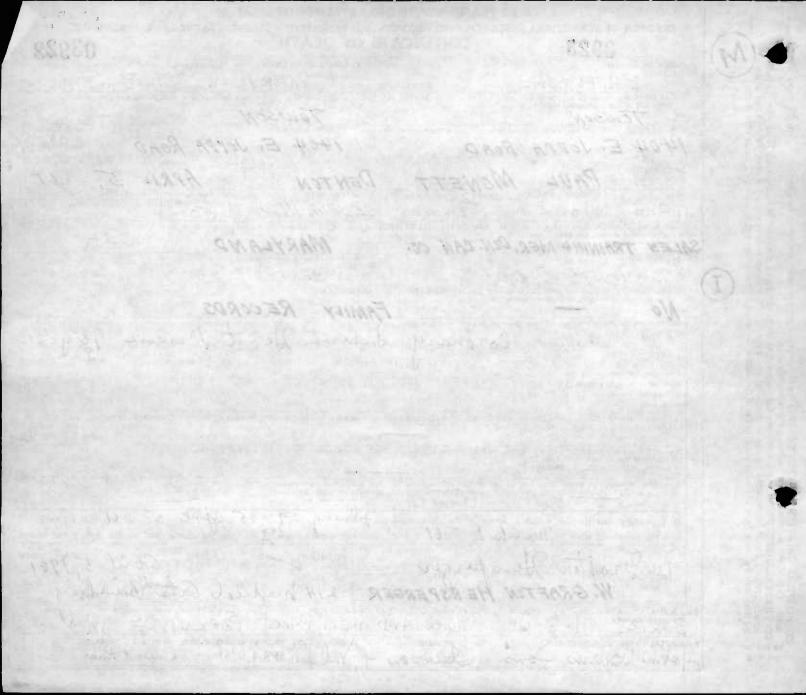
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John Burns! Sons, Powers, Perrland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY the 12 MARYLAND death. b. CITY OR TOWN (if outside corporeta limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearast town) þ writa RURAL and give neerest town) filled in ! after OWSON Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? hours YES NO 14 completely papers. NAME OF DATE Middle Year 72 DECEASED OF (Type or print) DEATH 196 within carbon 5. SEX OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) and Months Hours Min. WIDOWED [DIVORCED certificate physician USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) 13. FATHER'S NAME 14. MOTHER please .5 attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT Address The law requires that the removal, (Yes, no, or unkown) | (If yes give wer or dates of service) been signed by the B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] permit. INTERVAL BETWEEN physician. ONSET AND DEATH o PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying certificate has burial. couse last. the 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY hospital PERFORMED? as 0 NO F use prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of item 18.) for the (IF EITHER, NOTIFY MEDICAL EXAMINER) detached Affer (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m at work at work 19 DIRECTOR: 19.64, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from should saw the deceased alive on.1961..., and that death occurred atte from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL PHYSICIAN'S page 22d. ADDRESS rector, filed BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION State REMOVAL (Specify) \$ d. OL 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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sician. sician. So that the death certificate be executed within 24 haurs after death. Sician. Seen signed by the attending physician and campletely filled in by the funeral transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fin, ar remaval, and in any event, within 72 haurs after death.

: The la	ing phys	te has b	burial-tr	rematiar
SICIAN	attend	s certifica	ise as the	burial, c
ATTENDING P	by the haspital	CTOR: After thi	detached far u	f Health prior to
TO HOSPITAL OR	may be retained	TO FUNERAL DIRECTOR: After this certificate has b	page 3 shauld be detached far use as the burial-tr	the State Board of Health prior to burial, cremation
VR 1S	A	9/9	(4)	

		7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1											
	CE OF DEATH DUNTY	Baltimore		MARY	LAND	2. USUAL RESI	Mary]		lived. If instituti b. COUNTY	-		ne admiss	
RU	JRAL and give n	nsville		8yr7mth10		V		utside corpor	ote limits, write F	RURAL ond	give neo	rest town	n)
d. N.	AME OF HOSPI	Grove State		address)		d. STREET A			Road,				FARM?
	AE OF EASED or print)	Fir		Middle Ann	1	De Pro	t	4. DATE OF DEATH	Apri		22		Year 19 61
s. sex	'emale	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE		DATE OF BIRTI	0-		9. AGE (In years lost birthdoy) \$85 yrs.	IF UNDER	Doys	Hours	ER 24 HRS Min.
dur	Housew	king life, even if retired	done 10b	, KIND OF BUSINESS O		RY 11. BIRTHPL	ACE (Stote o	or foreign co	untry)			WHAT O	OUNTRY
13. FATH	HER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		H. Johnson					abeth	Gibso					
15. WAS (Yes, no. c	or unknown]	R IN U. S. ARMED FOR {If yes, give war or dates of s		. SOCIAL SECURITY NO.	17, INF	ORMANT			Add	lress			
unk	nown		117	unknown	Rec	ords: S	oring	Grove	State H	osnit	27		
CERTIFICATION (IE I	TONIC I	mmediate the under- the under- ther significant con the significan	DITIONS DITIONS DIE 20b. DES	Carcinoma Contributing to DEA Assoc. with SCRIBE HOW INJURY OF	Cone	IOT RELATED TO	THE TERMIN Arte:	Sedxon NAL DISEASE Piese D ort I or Part	erosis II of item 1B.)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9. WAS PERFO	ALITOPSY
WEDICAL 20c.	Hour a.m.	RY Manth, Doy, Yes	While		20e. PLAC	CE OF INJURY (ory, street, office	Hame, farm, bldg., etc.)	20f. (City	or town)	(County)		(Stote)
22c 23a. BUI	w the deced . SIGNATURE . PHYSICIAM'S. NAME (Type)	Jose R.	Ari	ded the deceased 22 1961, and 22 aga, M.D.	that de	ath accurred D. ATTENDING PHYS. 22d. ADDRI	G Dir	M fram D. ECTOR OVE-St	April 2 the causes an STAFF PHYS. 2 ate Hos ION (City, town,	Apr	e date	stated	dabave. b.DATE SIGNED 961
REA	MOVAL (Specify) Burial	8/26/6		Oak Lay	vn.			Balto					
	ERAL DIRECTOR	'S SIGNATURE		ADDRESS		0.343		BY REGISTI	RAR 2Sb. REG	STRAR'S SI			THE
Wn	n. Cook,	Inc., 1217	St.	Paul St., B	alto.	2, Md.	DATE	25 '61	Cin	Thur S.	Than	4	

TO HOSPITAL OR ATTENDING SICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagmay be retained by the haspite, attending physician.

TO FUNERAL DIRECTOR: After this derificate has been signed by the attending physician and completely filled in by the funeral directors should be detached for use as the buriol-transit permit. Then please remaye carban papers. Proves 1 and 7 should be the

VR A15 (4) 15M 9/59

A	TE OF DEATH Item	7, Film G	308	0392
D°	2. USUAL RESIDENCE (Where deceased o. STATE Maryland		Residence before Prince	

	T	0 Film 0285	71/3/1/67 301- 3	122/62-12	1
PLACE OF DEATH	1.00111			lived. If institution: Residence before admi	issi
a. COUNTY	Baltimore	MARYLAND	o. STATE Maryland	b. COUNTY Prince Geo	r
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rote limits, write RURAL and give nearest to	∾n]

		Baltimore		MARTLAND	Maryl	and		Pri	nce	deor	ge	
Ī		VN (If outside corporate limitive nearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write l	RURAL and	RAL and give nearest town)			
		tonsville		10yr9mth17dys	Laurel, Maryland							
	d. NAME OF HO	OSPITAL (If not in hospital, g ION	ive street o	ddress)	d. STREET ADDRESS		. 1/	h 1		e. IS RESI	IDENCE FARM?	
	SPRING	GROVE STATE	HO3	PITAL	105 Fifth	Stree	t	0 1	-7	YES	NO [
3.	NAME OF	Fire	st	Middle	Lost	4. DATE	Moi	nth	Do	y Y	Year	
DECEASED	(Type or print)	Will	iam	P.	DeWald	DEATH	Ap	ril	6	1	19 6.	
S	. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HR	
	male	white	WIDOWE	DIVORCED D	July 26, 1	909	lost birthday) 51 52 yrs.	Months	Days	Hours	Min.	
10	Oa. USUAL OCCUI	PATION (Give kind of work of working life, even if retired)	ione 10b. K	IND OF BUSINESS OR INDU			ountry)	12. CI	TIZEN OF	WHATC	OUNTR	
	7 - 1	VO 949		acotto ati	o [Tressell von	nd			3	Λ		

during most of working life, even if retired) laborer	contracting	Maryland	U. S. A.
13. FATHER'S NAME	14	. MOTHER'S MAIDEN NAME	
George G. DeWald		Bessie King	

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address HOSPITAL Records: SPRING GROVE STATE no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH BART I DEATH WAS CAUSED BY

IMMEDIATE		Myocardial inferction
420.1	DUE TO	
Conditions, if ony, which	(b)	
gave rise to immediate cause (a), stating the <u>under-</u>	DUE TO	
lying couse lost.	(c)	
PART II OTHER SIGNIFIC	ANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0/19 WAS AUT

PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while at work at work

21. I certify that (I) (this haspital) attended the deceased fram. , and that death accurred of a. M, fram the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE ATTENDING SIGNED MED. DIRECTOR STAFF PHYS.

M.D. 22c. PHYSICIAN'S 22d. ADDRESS SPRING GROVE STATE NAME (Type) Stella Wachsler, M. D. Catonsville 28. Maryland

_					
230.	BURIAL, CREMATION,	23b_ DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
,	Surral Specify	april 8 196	I Amy Hill Ceranter	Lefend my	
				7	

25a. RECE BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

event, within 72 hours after death.

. . MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Haurs

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO X

22b. DATE SIGNED

(State)

(State)

Days

U. S. A.

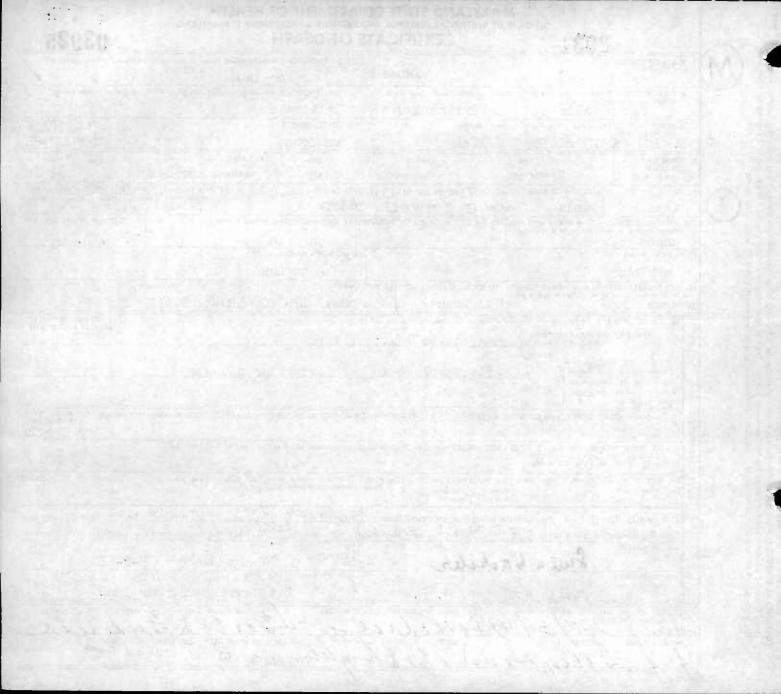
HOSPITAL

(Caunty)

Months

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Pages 1

MARYLAND STATE DEPARTMENT OF HEALTH

(Stote)

Va.

3932	DIVISION OF	CERTIFICA	ATE OF DEATH		AKILAND	0	392	6
1. PLACE OF DEATH o. COUNTY Baltimo:	·e	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla		b. COUNTY		ore admissi Georg	
b. CITY OR TOWN (If outside or RURAL and give neorest town Caton Sville		c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF a			AL and give ne	arest town)
d. NAME OF HOSPITAL (If not in or institution Spring Grove S			d. STREET ADDRESS Box 45		16)	1-2		FARM?
3. NAME OF DECEASED (Type or print)	First Helen	Yaggie	Lost Downey	4. DATE OF DEATH	Month April	27	-/	reor 19 61
s. sex 6. coto Whi		RRIED NEVER MARRIED D	B. DATE OF BIRTH Oct. 5, 189			Months Days	R IF UNDE Hours	R 24 HRS Min.
10a. USUAL OCCUPATION (Give kindering most of working life, evidence Housewife	nd of work dane 10b en if retired)	o. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State Pennsylva		intry)	U.S.		OUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
John Yagge			Catherine	9				
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16 ar or dates of service)		Records: SPRII	NG GROV	Address E STATE I	HOSPITA	L	
1 4 43 X	AUSED BY: TE CAUSE (o) DUE TO	Terminal ure					TERVAL BET ISET AND 23 da	
Conditions, if any, which	163	Congestive h	eart Iallure			110		

1	to the state of th	(b)	COLLECTOR	1 11004 4	W 64 m 14 00 4 0				
	gave rise to immediate cause (a), stating the <u>under-</u> lying cause last.	DUE TO	arterioscl	erotic	cardiova	ascular	disease wi	ith hyper	ension.
CATION	PART II. OTHER SIGNIFIC	CANT CONDIT	IONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVEN	PE	AS AUTOPSY REFORMED?
CERTIFI	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL E)	OF DEATH (AMINER)	b. DESCRIBE HOW INJURY O	CCURRED. (E	iter noture of injur	y in Part I or Part	II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Hour a. m. p. m.		20d. INJURY OCCURRED While Not while at work at work	20e. PLACE (factory,	OF INJURY (Home, street, office bldg.	farm, 20f. (City	or town)	(County)	(State)
	21. I certify that (I) (this saw the deceased alive	haspital) o	ttended the deceased L 26 1961, and	fram_AT	ril 1	19_61 to_	April 27 the causes and	, 19 <u>61</u> , that (l) (we) last
	22a. SIGNATURE	eesto	D		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Apri]	22b. DATE SIGNED 27. 196

23c. NAME OF CEMETERY OR CREMATOR

Arlington National

Hyattsville, Maryland

ADDRESS

22d. ADDRESS

Grove State Hospital

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

23d. LOCATION (City, town, or county)

Arlington,

250. REC'D BY REGISTRAR

APR 28'61

SICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Pag the attending physician and campletely filled in by the funeral direc. Then please remove carbon papers. Pages 1 and 2 shauld be filed in any event, within 72 haurs after death Then please remove carbon papers. certificate has been signed by as the burial-transit cremation, page 3 should be detached for use the State Board of Health prior to b may be retained by the haspita TO FUNERAL DIRECTOR: After this TO HOSPITAL OR ATTENDING

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify) Urial

24, FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

Aristides Simopoulos

23b. DATE THEREOF

5/1/61

VR A1S (4) 15M 9/59

The Ochicus Jacks willing the campital solution.

SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page TO HOSPITAL OR ATTENDING PAYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag may be retained by the hospit.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direct page 3 should be detached for use as the buriol-transit permit. Then please remave corban papers. Pages 1 and 2 should be filled in the State Board of Health prior to buriol, cremotion, ar remayol, and in any event, within 72 hours death.

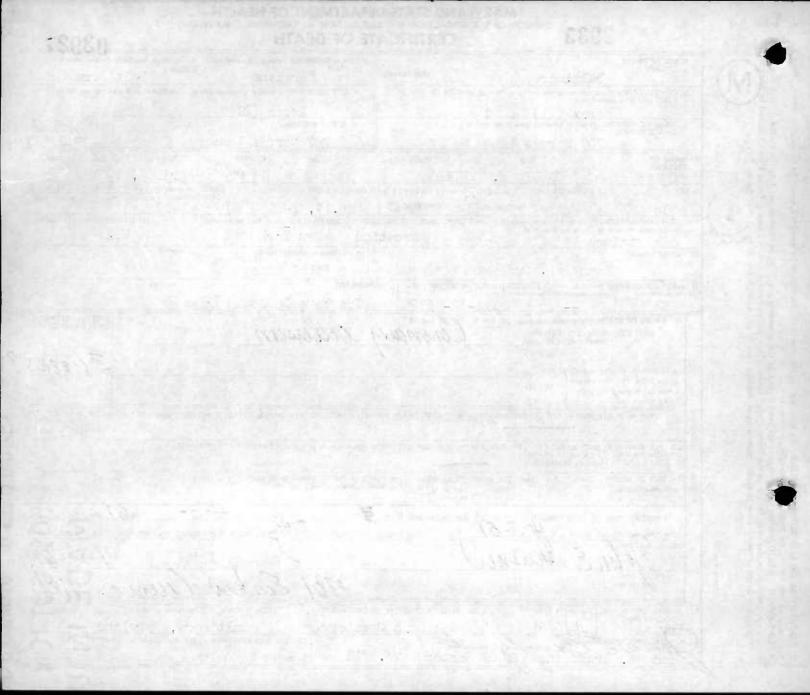
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3933

03927

	1. P	LACE OF DEATH	5		MARYLAND	o. STATE			b. COUNTY				on)
			Baltimore				Maryla				imor		
	Ь	o, CITY OR TOWN (I RURAL and give no	fautside carporate limit arest tawn)	ts, write c. Ll	ENGTH OF STAY IN 18	c. CITY OR	TOWN (If au	tside carporate	limits, write R	URAL and gi	ve neare	st tawn)	
			Essex (21)				Essex	(21)		11111			
		OR INSTITUTION	AL (If not in hospital, gi	ive street oddre	955)	d. STREET	ADDRESS				6.	IS RESID	EARM?
			707 Norris	Lane	No. of Contract of	70	7 Norr	is Lane					NO 🖫
	3. 1	NAME OF DECEASED	Firs	st	Middle	lo	st	4. DATE OF	Man	ith	Day	Ye	eor
		Type or print)	DAVID	W. I	UDLEY		5 9 1	DEATH	Apri	1 3, 1	.961.	19	9
	S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	н	9. 4	GE (In years ost birthdoy)	Manths I			
1		Vale	White	WIDOWED [DIVORCED	Dec. 7	, 1901		59 yrs.	Months	Days	Hours	Min.
1	.10a.	USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)				LACE (State a	r foreign countr	γ)	12. CITIZ	EN OF V	/HAT CC	UNTRY?
		Maintai	-	Boar	d of Educa	tion N	ew Yor	k		US	A		
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME					
		1	Samuel L. D	udley		Ma	bel Hi	nes					
	15.		R IN U. S. ARMED FOR		AL SECURITY NO. 17	INFORMANT	1.450	7-1-1-1	Add	ress	733		
	1105	No.	ar yes, give wor or dates or se		12-4539	Ida Ma	ve Dud	ley S	ame				
			TH [Enter anly ane car				1				INTER	AL BET	WEEN
		PART I. DEA	TH WAS CAUSED BY:		Coronar	u oca	instr	n			ONSE	AND	DEATH
		4700	DUE TO		0000.70	1			0000				
		Canditians, if a		16-10-							31	1188	EKS.
		gave rise to i	mmediate (
		cause (a), stating lying cause lost.	the under-										
	Z		IER SIGNIFICANT CON		RIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMIN	IAL DISEASE CO	NDITION GIV	VEN IN PART	1(a) 19.	WAS A	UTOPSY
	CERTIFICATION		-								,	PERFOR	MED?
	PE	20a. ACCIDENT WA	S UNDERLYING	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature	of injury in Po	art I ar Part II a	of item 1B.)				
	CER	OR CONTRIBUTING	MEDICAL EXAMINER)	-									
	CAL	20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d. INJURY	Y OCCURRED 20e.	PLACE OF INJURY	(Hame, farm,	20f. (City or	lown)	(Co	ounty)		(Stote)
	MEDICAL	Haur a.m. p.m.	19	While of wark	Nat while of wark	factory, street, affic	e bldg., etc.)						
	<		. (1) (4) 1 1 1 1 1			#	10	4		10/0	1		
			t (I) (this haspital	7 61		-	8:45	,.taZ_					ve) last
		saw the deceas	ed alive on 7/2_	2/0/	19, and that	death accurre	d di	M, from the	causes ar	nd an the	date s		DATE
		10/1	11 8 Stas	MIN		M.D. PHYS.	IG MEI	D S	TAFF PHYS.		11-	1/-	SIGNED
		22c. PHYSICIAN'S	16	100		22d. ADDR		ECTOR F	HIS.		7	7 (4
		22c. PHYSICIAN'S NAME (Type)				70	1 20	2 ELL	(11	tnice	1	M	d.
	23a	BURIAL CREMATIO	N. 23b. DATE THEREO	OF 23c	. NAME OF CEMETERY	OR CREMATORY		23d. LOCATION	(City, town.	or county)		(State)
1		REMOVAL (Specify)		4	Oak Lawn	_			more.		and	,	
	64.	FUNERAL DIRECTOR		1	ADDRESS"		2So. REC'D	BY REGISTRAR	1	ISTRAR'S SIG			
9	>	James E.	Bruzazinski	7407 F	Sastern Ave	. #21	DATE AP	R 5 '61			1.		
0	/	0 001100 200		4			624	11 4		1 9	45		



should TO HOSPITAL OR ATTEND G PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft death. Page 4 may be retain, by the hospital or attending physician. TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removalty and in any event, within 72 hours after definition. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3934	CERTIFICATE	OF DEATH		03928
1. PLACE OF DEATH a. COUNTY			E (Where deceased lived, If	
BALTIMORE	MARYLAND	O. STATE MAR	VLAND . COUN	BALTIMORE
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If	ouiside corporete limits, write	RURAL and give neerest town)
write RURAL and sive neerest town)		1 Tou	son	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel,	give street eddress)	d. STREET ADDRESS	n .	IS RESIDENCE
6511 Sherwood	Road.	65111	herwood	Royal YES NO X
3. NAME OF First	Middle	Lost	A. DATE Month	Day Yeer
(Type or print)	CEL	PERI ING	DEATH Chia	18 1961
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGI (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED	22 1920	lest birthday)	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND (OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County	& Stete, or foreign country)	12. CITIZEN OF WHAT COUNTR
dona during most of working life, even if retired)		R. Ot		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
General la men	,	a 4	ashto	444.0
15. WAS DECEAS DEVER IN U.S. ARMED FORCES? 16, SOC	IAL SECURITY NO. 17. II	VEORMANT	Address	unes
(Yas, no, or unkown) (Ifyesgivewerordelesofservice)		ofert C. El	lost:	10000
18. CAUSE OF DEATH [Enter only one ceuse per line for		rece ci ca	erung .	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		- 2 600+ .	U	ONSET AND DEATH
IMMEDIATE CAUSE (6) 9 EN	ERALIEG	O CARCIN	OMATOSIS	3 Mas
//OX DUE TO	4		701-	
Conditions, if eny, which geve rise to immediate cause	CARCINOMA	OF LEFT	BRUBST	J YR'S
(a), stating the underlying DUETO				
ceusa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	'EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
				YES NO
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURED.	(Enter neture of injury in Pe	rt I or Pert II of item 18.)	
3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJUI		CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Dey, Year 20d. INJUI Whila Whila et work	Not While facto	ry, street, office bldg., etc.)		
21. 1 certify that (I) (this hospital) allended		DOT 28 10	CX in BORIL	8 106./ that (1) (see) la
saw the deceased alive on APRIL 18				
22a. SIGNATURE /	and mar	deall occurred alw.x.	, 110111 1110 600303	22b. DATE
1. Can 1) Carlot	/ . M.I	ATTENDING ME	D. STAFF	HODI 19 191
22c. PHYSIGIAN'S	7	22d. ADDRESS		11/1/2/1/2
NAME (Type)		7215 40	RK Rd BA	LTIRORE IL MD
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c	. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (Spacify april 21/961	Woodlaws	Cemeters	Woodlaw	a Bolto Ce. ma
24 SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D	BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
Henry W. Genhins + Some Co	. 4905 Vo	L Road DATE AP	R 1 9 '61	minus I. Thatta
The second is a second		7	-	

VR A15 (4) 15M 9/60



WS & ST MARKELAND KARTTHORE JEAL THURETE to Ill a delivered with the way and a server of the server TOTH SHEPLING CON TENER Lac 32 1920 40 Tarrete Diff to Housemake Bellemore a levere & let however Jessey do all appear Milet & Belling Same Beaute day 21 1946 Woodleven Comited Woodlaws Hotel In But The second start of the second TO HOSPITAL OR ATTENT OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after definition.

DIVISION	OF STATISTICAL	RESEA	RCH AND RECORD CERTIFICA			, BALTIMO	RE 1, MA	n3020	
1. PLACE OF DEAT a. COUNTY Baltimo				2. USUAL RESIDEN		caasad lived, If b. COUN		denca bafora admir	ssion
b. CITY OR TOWN	(if outsida corporata limi d giva naarest town)	is,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	land (If outside corp. imore	orata limits, write	a RURAL and gi	ive naarest town)	
d. NAME OF HOSP			pital, giva straet addrass)	d. STREET ADDRESS		a Street		ON A FA	ARM?
3. NAME OF DECEASED (Typa or print)	First	ander	Middle	Edemy Last	4. DATE OF DEATH	e Stree	1 [Oay Yaar O 19 63	
5. SEX			D NEVER MARRIED	8. DATE OF BIRTH September 13		AGE (In years last birthday) 39 yrs.	IF UNDER 1 YE	AR IF UNDER 24	
10a. USUAL OCCUPA dona during most of w COOK 13. FATHER'S NAME	TION (Giva kind of work orking life, aven if retira	d)	IND OF BUSINESS OR INDU Restaurant		Maryl			S.A.	NTRY
Alexande	r N. Edemy	CESS 16	SOCIAL SECURITY NO. 17	Maude F	isher	www.dalan.co	2000 -		
Conditions, if an gava risa to immed (a), stating the cause last.	diata causa un darlying (c)	ACU COR	ina for (a), (b), and (c).] TE HEART FAIL PULMONALE COIDOSIS, PUL					interval betwee onset and deal 10 min. 7 years 7 years	TH
2Da. ACCIDENT V				ED. (Enler natura of injury in			TEN IN PART I	PERFORME YES NO	ED?
20c. TIME OF INJ Hour a.m. p.m.	19	While at wor	Not Whila	PLACE OF INJURY (Homa, far factory, streat, office bldg., at	(c.)	1	(County		
saw the decea				hat death occured at 1					bov
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type		CILL	la m.d.	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS. **		3/61	IGNE
23a. BURIAL, CREMAT REMOVAL (Specify Bural	100, 236. DATE THEF	EOF	23c. NAME OF CEMETER Baltimore	National	Balt	imore 2	wn or county) B. Mary	(Stata)	
24 FUNERAL DIRECTO Arlington			1808 Monr Baltimore, M	oe or .	PR 2 6 '61	TRAR 25b. RE	GISTRAR'S SIG		

MARYLAND STATE DEPARTMENT OF HEALTH

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Market (St.

STANDARD ROOM . 6 3

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rolling Collins Collin

roseri J. Oznaci, M. W. Dalso, Mr. Promis novietica

man / 15 gr . Delote on attorn / Delote of the second of t . Ou service in tool Action to Anthrope & Boltimore, sayland 1882 1 31 Constant

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MADVIAND STATE DEDADTMENT OF HEALTH

MARILAND	SIMIL DE	WYLIMFIAL	OL LIE	ALIN
VISION OF STATISTICAL	RESEARCH AND	RECORDS — E	BALTIMORE	1, MARYLAND

, DI CERTIFICATE OF DEATH 3038

03030

	0000					10201
1. PLACE OF DEATH	1		2. USUAL RESIDENCE	E (Where deceased lived. I		before admission)
	Lto.	MARYLAND	Marvlar		COUNTY	to.
	'N (If autside corparate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If outside corporate limit	s, write RURAL and giv	re nearest town)
	welvs Onarters	Life	ROW PATE	Quarters		
d. NAME OF HO	SPITAL (If not in hospital, give		d. STREET ADDRE			e. IS RESIDENCE
OR INSTITUTION			1 0070 0	1-7 3 TO 3		ON A FARM?
20]	, , , , , , , , , , , , , , , , , , , ,			akland Rd.		
B. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)		irs Edwards		DEATH Apr		19 6
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	add alone of	YEAR IF UNDER 24 HI
Male	White w	IDOWED TO DIVORCED	6-10-1884	76	yrs.	riddis Willi
0a. USUAL OCCUP.	ATION (Give kind of work don	e 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZE	OF WHAT COUNTR
Foreman	working life, even if retired)	County Roads	Ral to	Md.	TT	C A
3. FATHER'S NAME		Country Roads	14. MOTHER'S MAI		1 11-	5 .A.
John Ed		Oliv special specialization live	ELizabe	eth Biddison	Address	
(Yes, no, or unknown)	EVER IN U. S. ARMED FORCES (If yes, give war or dates of service)		INFORMANI		Address	
No		None	nna Ricords	2019 Oak	land Rd	
1B. CAUSE OF	DEATH [Enter only one cause	per line far (a), (b), and (c).]				INTERVAL BETWEEN
PART 1.	DEATH WAS CAUSED BY:	METASTAT	10 CA	RCINOMI	4 OF	OTTOET ALLE DEATH
1771	IMMEDIATE CAUSE (o)	pole //I=/A/	C C			
- / /	DUE TO	000 1 -				1 2 1 1
	if ony, which) (b)	PROSTAT	2			1 1/
	a immediate DUE TO					
lying cause lo						
Z PART II.		IONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE	TERMINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPS
Ę l						PERFORMED?
PART II. 20g. ACCIDENT OR CONTRIBUT (IF EITHER, NO)					10.1	YES NO
OR CONTRIBUT	ING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	iry in Part I or Part II of ite	m IB.)	
	TIFY MEDICAL EXAMINER)					
	JURY Month, Day, Year		LACE OF INJURY (Hame	e, farm, 20f. (City or town)	(Co	unty) (Sta
Hour o.	10	While Not while at work at work	actory, street, office bldg	g., erc.)		
			1	51 10	0 12 /	/
		attended the deceased fram	00100	125/ ta /AP/		
saw the dec	ceased alive an APR	2 2 1 1961, and that	death accurred at	M, fram the car	uses and an the	date stated abav
22a. SIGNATUR	E	(n- 1				22b. DATE
/	gorge	recen	M.D. PHYS.	MED. STAFF		4/24/
22c. PHYSICIAN		,	22d. ADDRESS			BALTO
NAME (Typ	" MOSEPH.	MICELI M.	0. 108 5	S. TAYLU.	RAVE	40
2 0110111 600	TION DATE THEORY			Test testification		
230. BURIAL, CREMA REMOVAL (Spe		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (Cit	y, town, ar county)	(State)
Burial	4-25-61	Orems Cem.		Bal ta	161	
24. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	12/ 250		Sb. REGISTRAR'S SIGN	
Lassu	in Juni Hon	8 1401 18 seans	16d, DAT	APR 2 6 '61	Circhar S.	Thatle

TO HOSPITAL OR ATTENDING PT SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospits, ottending physician.

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VR A1S (4) 1SM 9/S9

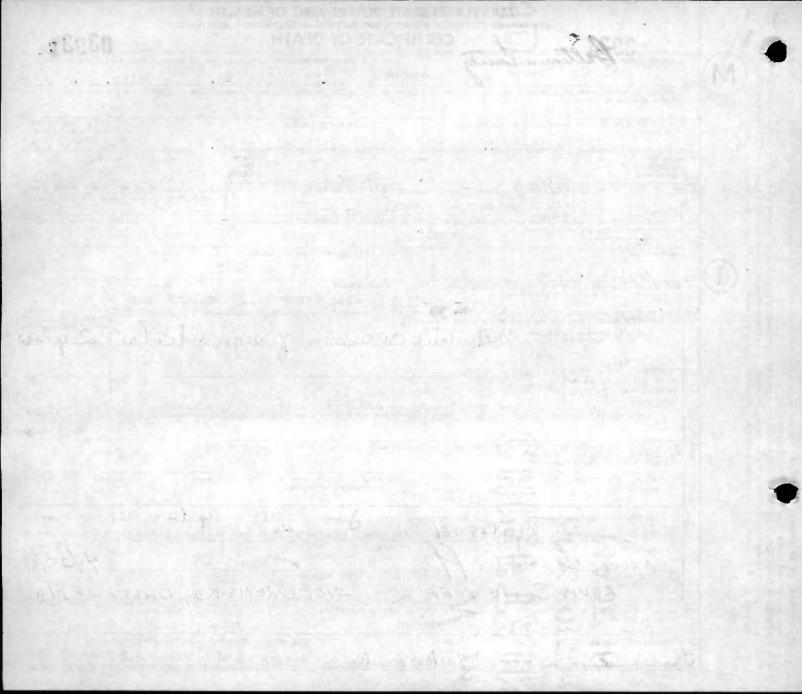
THE DEPOSITE OF STREET STREET,

VR A15 (4) ISM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	Ill se	1	CERTIF	ICATE	OF DEATH				15.45	17
1. PLACE OF DEATH O. COUNTY	Hellemore iddle River	Con	7	LAND 2.	USUAL RESIDENCE (WE o. STATE 2123 Oak	here deceased	b. COUNTY		0	ission)
b. CITY OR TOWN (RURAL ond give n	THE RESERVE THE PARTY OF THE PA		c. LENGTH OF STAY	1	c. CITY OR TOWN (If o	outside corpor	ote limits, write R	URAL ond give	ve nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	Middle Rive		oddress)	5	d. STREET ADDRESS				ON	ESIDENCE A FARM?
	<u>2123 Oaklan</u>	d Rd.	•		2i23 Oak	land R	d		YES	□ NO+
3. NAME OF DECEASED (Type or print)	Fir		Middle M.	200	ner	4, DATE OF DEATH	Mor	oth	Doy 25	Yeor 1961
5. SEX	6. COLOR OR RACE	2	IEDE NEVER MARRI		ATE OF BIRTH		9. AGE (In yeors	IF UNDER 1	YEAR IF UN	
Female	White	WIDOWE			8- 3- 1897		last birthdoy) 63 yrs.	-	Days Hour	_
10o. USUAL OCCUPATI during most of wor House	rking life, even if retired	done 10b.	KIND OF BUSINESS OF Housewife	R INDUSTRY	11. 8IRTHPLACE (Stote Ohio	or foreign co	untry)		S A	TCOUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	VAME		4 11 14		
Chale	s W. Pick				Mary A	nn Fai:	r			
	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.			otto Egner	2123	Add Oakland			
Conditions, if gove rise to couse (o), stoting lying couse lost.	immediate DUE TO)			· ·	U				
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART	PER	S AUTOPS) FORMED?
OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRED. (I	Enter noture of injury in	Port I or Port	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	20d. IN While at work	NJURY OCCURRED Not while of work		OF INJURY (Home, farm , street, office bldg., etc		or town)	(Co	ounty)	(Stote
saw the deced	at (I) (t his hospital used alive anC	1 -11	11		th accurred at A		Carl 2			
220. SIGNATURE	Sen	en	off	M.D	. PHYS. D	IED.	STAFF PHYS.		4/	25/6
	Louis Se		NOFF		22d. ADDRESS 2108 Or	REMS	RD, B	MLT	20	Mo
230. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREO	/-	23c. NAME OF CEM Parkwoo		REMATORY		ION (City, town,		Md	itote)
24. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS 7401 Box	/ 0	2So. REC	D BY REGIST		ISTRAR'S SIGN		
Massan	Juneral	one	17011001	and	DOWN DATE AT	11 200				



TO HOSPITAL OR ATTENDING PLYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hasplit attending physician.

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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ľ	3938	CERTIFICA	ATE OF DEATH	02020
	PLACE OF DEATH O. COUNTY Battimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY)	n: Residence before odnitision &
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest rown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RL	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	minary Av	d. STREET ADDRESS 6516 Darnall R	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Anna Lou	Middle	Last 4. DATE OF DEATH	2 1961
F	Emale White WIDOWE		10-30-71 lost birthdoy)	Manths Doys Haurs Min.
	HOWENIGHEN	WIN HOME	Philadel phia, Pa	12. CITIZEN OF WHAT COUNTRY
	Ernest Klopfe	Y	LOUISE Hahn	
1S. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	Plessmann Rn.	ess
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate	neralized	arterios derosis and	13 yrs
7	cause (a), stating the <u>under-lying cause last.</u> DUE TO	Carebral	arteris derosis	
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS C			PERFORMED? YES NO
L CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in Part I ar Part II af item 18.)	
MEDICA	20c. TIME OF INJURY Manth, Doy, Year 20d. IN Haur o. m. 19 While p. m. 19 at work	Not while fo	LACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)	(Caunty) (State
	21. I certify that (I) (this hospital) attends sow the deceased alive an	2		, 1951, that (I) (we) las
	220. SIGNATURE Turblin E. Les	he	M.D. PHYS. BIRECTOR PHYS.	22b. DATE SIGNED
	22c. BAYSICIAN'S HAME (Type) Franklin	E. Leslie	2929 n. Churles	87
230 Po	D. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL Specify REMOVAL Specify April 5,1961	Hillside	Cemetery Roslyn, Pe	ennas
1	JUNEAR DIRECTOR'S SIGNATURE	roson Med.		STRAR'S SIGNATURE

AND THE RESIDENCE OF THE PARTY Secretary Server Hillarde Commency Section

FOR STATE

TO DEPUTY MEDICAL EXAMINEP: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing a ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the white Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3939

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 03933

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (If institution: Resider	nce before admission)
b. CITY OR TOWN (II	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		f outside corporate lim	nits, write RURAL and	give neores! fown)
and give nearest town)	le River			308 Pelha		31/01-4
	L OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	ono LeTua	mavenue	IS RESIDENCE
G. L.	Martin Co.		В	altimore		YES NO X
3. NAME OF DECEASED (Type or print)	First ANDR Ė V	Middle WILLIAM ENDF	lost RES	4. DATE OF DEATH	Month -	20 1961
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IFUNDER	YEAR IF UNDER 24 HRS.
male	white wipo	WED DIVORCED]	2/25/1899	61	yrs. Months [Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
773 T A		Martin Co.	Baltimo	ore. Md.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			U.D.A.
Wil	liam Endres		Barba	ara Hoffm	an	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	FORMANT		Address	
yes	WWl 21	3-10-1439 Th	eresa Diep	oold Endr	es. wife	. above
18. CAUSE OF DEAT	H [Enler only one couse per/		10	/		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEAT	H WAS CAUSED BY:	DRONARY 1	Occhis,	00/		OKSET AND DEATH
111	DUE TO					
Conditions, if on	J & 1	7-5-6-0-	Dises	se		
gove rise to immed (o), stating the u	iote couse		HILL E			
couse lost.	(c)					
PART II, OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO BEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTH 20g. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	SE WAS ITRIBUTING	RIBE HOW INJURY OF LURED LE	nter nature of injury in Po	rt I or Port II of item 1	8.)	1100 1107
	Y Month, Doy, Yeor 20	d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for	206 (City on town)	15-	-1-3
20c. TIME OF INJUR Hour o. m. p. m.	W	thile Not while foctor	ory, street, office bldg., etc	ii, 120r. (City of lown)	(Cou	nly) (Stote)
21. I certify th	ot I taok charge af th	e remains described abo	ve, held an Autop	y , Inspection	on 1 Inquiry	and in my
apinian death	esulted from: Natura	al couses . Accident [, Suicide ,	Homicide	Undetermined m	nanner 🗌
ACTUAL SIGNATURE	10/100	rus	M.D. CHIEF MEDICAL E			DATE SIGNED
EXAMINER'S NAME (Type)			ASSISTANT MEDICAL		41	41/61
220. BURIAL, CREMATION REMOVAL (Specify) Burial	1. 22b. DATE THEREOF 4/24/61	Gardens of	CREMATORY Faith	22d. LOCATION (City		(Stote)
23. FUNERAL DIRECTOR	SIGNATURE	Funeral Home	24o. REC	Baltimor D BY REGISTRAR 2. PR 2 4 '61	46. REGISTRAR'S SIG	
11111111111	mis rane		- Aleka	22		

3940

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03934

	1. PLACE OF o. COUNT	Y	D-14		MA	RYLAND	2. U	SUAL RESIDENCE (Who		d lived. If instituti b. COUNTY	on: Residence	e befo	re admiss	ion)
/	L CITY OF		Baltimore			175.00.1160		Maryl						,
	RURAL	ind give ne	f autside corporate limit arest tawn)	s, write	c. LENGTH OF STA		C.	CITY OR TOWN (If a				ive nec	arest town	1)
4		wson			1 yr?		Z	Falls Ro	ad, C	ockeysv	ille			
1		NOITUTI	AL (If not in hospital, good Conval				1	STREET ADDRESS Falls Ro	had					FARM?
	3. NAME OF	10110	Fire		Midd	lle	-	Last	4. DATE	Mor	th	Do		Year
	(Type or pr	int)	John	I	rving	Enso	r	LUSI	OF DEATH		-27			19 61
	S. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MAR	RIED 🗌	8. DAT	E OF BIRTH		9. AGE (In years last birthday)				
	Male		White	WIDOW	ED DIVOR	CED 🗌	7-	-31-1867		93 yrs.	Months	Days	Hours	Min.
3	10a. USUAL C	CCUPATIO	N (Give kind of wark	lane 10b.	KIND OF BUSINESS	OR INDU	STRY 1	1. BIRTHPLACE (State of	ar fareign c	Ountry)	12. CITIZ	ENO	WHATC	OUNTRY?
		er.	ing life, even if retired)		Farm			Marylan	d		U	J.S	.A.	
	13. FATHER'S						14.	MOTHER'S MAIDEN N						
	J.	osen	h E. Enso	ייר			1/10	M. Trac	v					
	15. WAS DECI	ASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	NO. 17. IN	NFORM		J	Fall	resR 020			
	NO	own) ((If yes, give war or dates of se		None	Т	Ta	rving Ens	on T				10	MA
	7	SE OF DEA	TH [Enter only one co			01		ATIR TIES	OI 0	. 000	acy by	-,	ERVAL BE	
							pe.	1-121/2-11	111	Dice	-		ET AND	
	22	11 .1		HIST	FRIOSCIFK	0116	UEF	read Vascu	LITTIC	UISDAS	15	-	9 1	13
	50	ナメ	DUE TO											
			my, which (b)							1016				
	couse (o), stoting	the under-									-		
		use last.) (c									1		
	€ P/	ART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO E	DEATH BUT	NOT R	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 1	9. WAS A	AUTOPSY RMED?
	3							3 79			11-3		YES [NO D
	■ I OR CONT	RIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Ente	er nature of injury in P	ort I or Por	t II of item 18.)				
			Y Manth, Day, Yea		NAME OF COMPANY	T20- BL	ACE 01	F INJURY (Hame, form,	1000 10.1					(5) 1 1
	0	r a.m.	, , , , , , , , , , , , , , , , , , , ,	While	NJURY OCCURRED Not while	for	ctory, si	treet, office bldg., etc.) 201. (CII)	y or town)	(C	ounty)		(State)
	*	p. m.	19	ot wo	rk at wark					1 21 3	-			
	21. l cei	rtify tho	t (I) (this hospital) often	ded the decease	d from_		12	9, to_	ATKIL X	L. 19/2	<u>l_</u> , th	ot (1) (wet lost
r	saw the	deceas	ed alive on_111	RIL	16 1961, on	d that c	leoth	occurred & A.	M, from	the couses or	d on the	date	stoted	obove.
	22a. SIGN			/		- 15	-							SIGNED
	" IN	Me	andis	110	oney		M.D.	ATTENDING ME	ECTOR	STAFF PHYS.			4-2	28-61
1	22c. PHYS	ICIAN'S E (Type)		1	0		2	22d. ADDRESS	0-			es 1		
	1400	ic (19pe)	VICE OTHI	7. 1	1445841	24		2060 YCKK	ND	JIMONI	411	rics		
			N, 23b. DATE THEREO	F	23c. NAME OF CE	METERY O	R CREA	MATORY	23d. LOCA	TION (City, town,	or county)		(Stot	e)
)	Buri	L (Specify)	11 20	61	Black	Rock			Bu	tler Ma	rvaar	nd		1,11
1	24. FUNERAL		S SIGNATURE	-OT	ADDRESS	11006		25a. REC'E	BY REGIS		STRAR'S SIG		RE	
)	Broo	ks H	uneral Se	ו עייב	ce Towso	n 4.	Mo	DATE N	IAY 1	'61	Tellun .	8. H	Laura	

8880			0.0	
			expression.	
	Alot at	115 1		muel
	Torrest Street See			
			M. 10025	
	C. Parker		and the	
	ida da de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la c		no.	e den'e
	Regard .		reing .s.	
THE STREET STREET	TURKS BOLVEL			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 3073 Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Baltimore direc filed Baltimore MARYLAND unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town pluchs Dundalk vears Dundalk d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 40 Portship Read by 40 Portship Road 2 NAME OF First Middle 4. DATE filled DECEASED ERNEST (NMN) (Type or print) EVANS DEATH April 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) campletely male white WIDOWED [DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Open Hearth Steel 11. BIRTHPLACE (Stote or foreign country) Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David J.Evans Elizabeth James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Laura P. Evans no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] CARCINOMA OF LUNGS PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO casse (o), stoting the underlying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CERTI as the cremotion, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year for use o. m. foctory, street, office bldg., etc.) While Not while at work of work p. m 21. I certify that I attended the deceased from detached and that death occurred at 2:45BM, from the causes and on the date stated above. olive on FUNERAL DIRECTOR: ADDRESS (Street, city or town, stote) 0 ACTUAL prior 3 should be

Walter Brooks Bradley, Inc., Dundalk 22, Mdpate MAY

22c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

PHYSICIAN'S W.E.Baermann, M.D.

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Buria

IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? USA Address as #2 same INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NOT (County) (Stote) 1921, that I last saw the deceased DATE SIGNED 3401 Dundalk Avenue Baltimore 22. Maryland 22d. LOCATION (City, town, or county) (Stote) Baltimore Co. Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

03935

e. IS RESIDENCE

Day

24th.

ON A FARM?

YES NO T

Year

19 6]

0 VS A1S (4) 15M 9/55

within 24 hours after death;

certificote

poge

DAVIS TOSE CE Joseph Clauses feete minner meet mamara X213 23 C-07-13 32 Mrs. Ladry F. Evens Cocke as W2 The same of the sa SHOW CHARLES A CHARLES AND LONG BY A CONTROL OF THE PARTY But Track is excelled in the contract of the c Licely at the later Compacty - well and the tolker Can SM SS Mishand, one rather the bridge was few

VR A15 (4) 15M 9/S9

2072

MARYLAND	STATE	DEPARTMEN	T OF HEALTH
SION OF STATISTICAL	RESEARCH	AND RECORDS —	BALTIMORE 1, MARYL

DIVE AND CERTIFICATE OF DEATH

U U TU								11-41	144
1. PLACE OF DEATH a. COUNTY Baltimore	e	MARY	LAND 2.	usual RESIDENCE (Whe	ere deceased li	b. COUNTY		before adm	nissian)
b. CITY OR TOWN (If autside carporal RURAL and give nearest tawn) Sparrows Point	te limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ac			URAL and giv	e nearest to	n) (nwc
d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION		idress)	f	d. STREET ADDRESS				ON	RESIDENCE N A FARM?
1341 Beechwo	oa Roea			1341 Be		d Road		153	□ 140 PA
3. NAME OF DECEASED (Type or print) GEORGE	First	\mathbf{E}_{ullet}	EWING	Last	4. DATE OF DEATH	April	22,	Day	Year 19 61
s. sex 6. color or s	RACE 7. MARRIE	NEVER MARRIE		ate of Birth by 23, 1912	9.	AGE (In years last birthday) 48 yrs.		YEAR IF UN	rs Min.
10a. USUAL OCCUPATION (Give kind of					ar fareian caur		12. CITIZE	N OF WHA	T COUNTRY?
Fireman	retired)	ilroad		Maryland		,,		V.S.A.	
13. FATHER'S NAME			14	. MOTHER'S MAIDEN NA	AME				
Joseph L. Ewing				Alice Ber	tram				
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no, or unknown) (If yes, give war or do	D FORCES? 16. So ales of service)	OCIAL SECURITY NO				Add			
No.			Mrs.	Elleta Ewin	g 718	S. 51st	St.		
1B. CAUSE OF DEATH [Enter only of	ane cause per line	far (a), (b), and (c).	1 . 1	Α					BETWEEN
PART I. DEATH WAS CAUSED	D BY:	morand	000	Marchia				2 A	ND DEATH
110.	UE TO	1		0					
Canditians, if any, which)	0		10-	lases				2	2ms
gave rise to immediate	(b)	nonery	,		1				
cause (a), stating the <u>under-lying</u> cause last.	(c)	ronary	arter	ieselesa	in			2	years
PART II. OTHER SIGNIFICANT	T CONDITIONS CO	DNTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TERMIN	VAL DISEASE C	CONDITION GIV	YEN IN PART 1	PER	AS AUTOPSY REFORMED?
PART II. OTHER SIGNIFICANT PART II. OTHER SIGNIFICANT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	20b. DESCR	RIBE HOW INJURY O	CCURRED. (E	nter nature af injury in P	'art I ar Part II	af item 1B.)			
	y, Year 20d. INJ While at wark	URY OCCURRED Nat while		OF INJURY (Home, farm, street, affice bldg., etc.)		r tawn)	(Ca	unty)	(State)
21. I certify that (I) (this has	spital) attende	1 / 1	11	en 10, 196		prol 2	, 19.9.1) (we) last
saw the deceased alive an		17_21 , and	that deat	h accurred at 1	M, fram fr	ie causes an	a an the	date state	22b. DATE
John.	Lonwo	ry	M.D.		D. RECTOR	STAFF PHYS.		4-5	5 SIGNED
22c. PRYSICIAN'S NAME (Type) SOL N	U. C.	snwzy, w	4.D.	22d. ADDRESS 914	D.	STREE	=7-	BAI	To.1911
23a. BURIAL, CREMATION, 23b. DATE TO REMOVAL (Specify) 4/26/6	HEREOF	23c. NAME OF CEM	etery or cr Cemete			on (City, town,		(S	State)
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	cine re		BY REGISTRA	R 25h REGI	STRAR'S SIGN	VATURE	
Ullrich Funeral Ho	me Dunda			DATEAPR			Chun S. H		

Andrew State of Line of Agency See, Minter Smin Wild B. Glay LL. Man of the first of the first of the word of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03937

3943

/1. F	PLACE OF DEATH	THE VIEW NAME	2. USUAL RESIDENCE (Where dece		idence before admission)
1 °	COUNTY AND THE COUNTY	MARYLAND	o. STATE	b. COUNTY A	elteriose
ŀ	o. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporate limits, write RURAL	and give nearest town)
	RURAL and give nearest town)	MORAL ?	X- Flood love.	Jul.	
	. NAME OF HOSPITAL (If nat in hospital, give street	address	d. STREET ADDRESS		e. IS RESIDENCE
	or Institution 8 11. Threst 1/a	2k-ave	1428 n. 700	rest Park-	ave YES NO D
3. 1	NAME OF First	Middle	Lost 4. DAT		Day Year
	Type or print) Pesse	e 6	Palice DEA	7	11 1961
5. 5	6. COLOR OF RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Man	ths Days Hours Min.
7	truele white WIDOW	ED DIVORCED	12/25/1889	yrs.	
10a	. USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even it retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreig	n country) 12	. CITIZEN OF WHAT COUNTRY?
-	House Work a	t Home	Baltimo	20	n JA
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
-	teloysus W	elsh	napuow	<u></u>	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IP	IFORMANT / /	Address	dance
,		Mo	Trank 4.	Falice	
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	oronaus o	eclusion		(wweller to
	412 O: DUE TO	0	0 1 16		
	Conditions, if any, which) (b)	rentusio (andio-Vas-	dislage.	geors.
	gave rise to immediate DUE TO				
	couse (a), stoting the <u>under-</u> lying couse lost. (c)				
N	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATION					YES NO TO
II.	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or	Port II of item 1B.)	
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL			ACE OF INJURY (Home, form, 20f. ((City or town)	(County) (Stote)
MEDICAL	Hour o. m. While p. m. 19 at wa	Null while	ctory, street, office bldg., etc.)		
	21. I certify that (I) (this haspital) attended	dad the deceased from	716 12 1961 1	Mon - 22	1961, that (I) (we) last
	saw the deceased alive an Warz-1				,,,,,
	22a. SIGNATURE	, and mar c		an me caoses and an	, 22b. DATE
	Charles Commage	160	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	4/11/2GNED
	22c. PHYSICIAN'S NAME (Type)		900 W- Con	whood 82	
	Charles John	nasello	1 100 00 - 9010	a v aca or	
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	R CREMATORY 23d. LC	CATION (City town, or cou	inty) - 6(Stote)
-7	urial 4/15/61	Meer bathe	dral Gen. 430	oo Cla Tre	clouds Rd.
74	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	25a. REC'D BY REC	GISTRAR 25b. REGISTRAR	'S SIGNATURE
1	thin f. 6 course + Son	Holles	DATE DATE	L CAM	A., 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond campletely filled in by the funeral directors. After this certificate has been signed by the ottending physician ond campletely filled in by the funeral directorage 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING

VR A15 (4) 15M 9/59

HIARLES HASHING FAZEN BRITISH KALL HALF N PERSTER KERELLER James Control the el minte to a 125/1887 ell Since well at them "the world Lebergains Welsh Bookings ny Brank & Flee Service - 11876 me Contraduct Com 4300 lell Fry with the that I have the state of the state

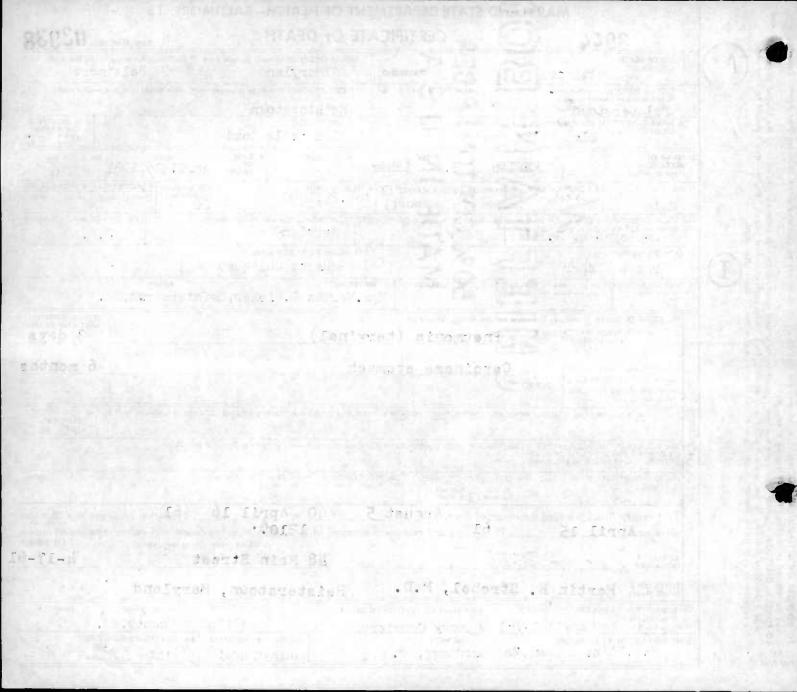
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3944

Reg. Dist. No. 03938

1. PLACE OF DEATH o. COUNTY Balt	imore	MARYLA	2. USUAL RES	DENCE (Where decedery Land	ased lived. If instituti b. COUNTY			ion)
b. CITY OR TOWN (If outsid RURAL ond give nearest to Reisterstow	wn)	c. LENGTH OF STAY IN		TOWN (If outside co terstown	rporote limits, write R	RURAL and give	nearest town	1)
d. NAME OF HOSPITAL (IF NO OR INSTITUTION GI	ot in hospital, give street en Falls Roa		d. street /	ADDRESS Falls Roa	ıd			FARM?
3. NAME OF DECEASED (Type or print)	Charles	M. Fish	ner	4. DAT OF DEA	0	16,1961		Year 19
5. SEX 6. CC W	hite WIDOW	RIED NEVER MARRIED ED DIVORCED	100 7/1	1900	9. AGE (In years lost birthday) 60 yrs.	Months Day	_	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Giver during most of working life Employed by	e kind of work done 10b., even if retired) y Baltimore	KIND OF BUSINESS OR II		MCE (Stote or foreign yland	n country)	12. CITIZEN	OF WHAT	OUNTRY?
13. FATHER'S NAME Ernest Fish	er			cca White	omb			
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, gi	S. ARMED FORCES? 16.		INFORMANT Mrs.Berth	a L.Fisher	,Reisters			
18, CAUSE OF DEATH [E	S CAUSED BY: DIATE CAUSE (o) DUE TO	ne for (o), (b), ond (c).] Acumonia (t)		li O	TERVAL BE	ays
200. ACCIDENT WAS UND OR CONTRIBUTING CA	DUE TO (c) NIFICANT CONDITIONS G ERLYING JSE OF DEATH	CONTRIBUTING TO DEATH				VEN IN PART 1(o	PERFC	AUTOPSY PRMED?
U (IF EITHER, NOTIFY MEDIC) 20c. TIME OF INJURY Mor Hour a. m. p. m.	oth, Day, Year 20d. II	NJURY OCCURRED 200 k at work	e. PLACE OF INJURY factory, street, office		City or town)	(Coun	ty)	(Stote)
	15 , 19 6 E. Strong in E. Stro	obel, M.D.	m.D. 48	1216 , fro ADDRESS 3 Main St sterstown	m the causes ar (Street, city or town, treet	state) and	ote stated	d abave. re signed ·17-6
	pril 19/61	Emory Cemet		Bal	CATION (City, town. Ltimore Co	unty, Md.		e)
23. FUNERAL DIRECTOR'S SIGN J.F.Eline		address terstown, Md.		DATEAPR 1 8		STRAR'S SIGNA		

page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. the registrar prior ta burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING AND MAY SEED TO FUNERAL DIRECTOR: After this see, bode 3 should be detached for use



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3945

CERTIFICATE OF DEATH

03939

М	UUTU			U	1000
	1. PLACE OF DEATH	2. U!	SUAL RESIDENCE (Whare dacaas	ed lived, If institutions Residence	ca before admission)
	a. COUNTY BALTIMOR	MARYLAND 8.	STATE M	b. COUNTY BA	LT0
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16 c.	CITY OR TOWN Houtside corporata	1/	nearest town)
	PARKVILLE		PARKU	11/10	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give straet address) d.	STREET ADDRESS	1 1110	IS RESIDENCE ON A FARM?
	1800 WHR 1	406	1800 PAI	7708	YES NO
	3. NAME OF DECEASED	Middle /	Last 4. DATE OF	Month Day	Year
	(Type or print) Ada B	IANCHEPIIC	KINGER DEATH	APRIL 4	19 6 / IF UNDER 24 HRS.
	5. SEX 6. COLOR OR RACE 7. MARRIED		OF BIRTH 9. AC	GE (IA yaars IF UNDER 1 YEAR Months Days	Hours Min.
	temale white WIDOWED 100. OUSUAL OCCUPATION (Giva kind of work 10b. KIND		10/3	yrs.	F WHAT COUNTRY?
	dona during most of working life, even if ratired)	Λ	BIRTHPLACE (County & State, or forei	gn country) 12. CITIZEN OF	A
	Housewife		other's maiden name	us	6
	13. FATHER'S NAME O	/ • 14. M	10 /11 1		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, 500	CIAL SECURITY NO. 17. INFORM	Mary (Unknow	Addrass	
/	(Yas, no, or unkown) (Ifyes giva war or datas of service)	2101274		Addrass	
	18. CAUSE OF DEATH [Enter only one cause per line for	Howar	rd R. Hickinge	er same	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	or (a), (b), and (c).]	- las - 20		SET AND DEATH
	IMMEDIATE CAUSE (a)	1200- 004	cure in	not aus.	Oyes.
	J 442 X DUE TO				
	Conditions, if any, which gave rise to immediate cause				
	(a), stating the underlying DUE TO				
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	NATING TO BEATH BUT NOT BELAT	TED TO THE TERMINAL DISEASE CON	IDITION CIVEN IN DART 1(a): 1	WAS ALITORY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	OTING TO DEATH BUT NOT KELAT	LED TO THE TERMINAL DISEASE CON	Was 19 Jilly Tolland	PERFORMED?
	208. ACCIDENT WAS UNDERLYING 20b. DESCRIB	THOW INDIBNOCCURED (F-t	nature of injury in Part I or Part II of i		res No
	OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	e now injury occured, (emer)	nature of injury in ran for ran it of i	em 10.)	
	9	RY OCCURRED 20e, PLACE OF I	NJURY (Home, farm, 20f. (City or tat, office bldg., atc.)	lown) (County)	(Stata)
	Hour a.m. Whila at work	Not Whila factory, strat	, , , , , , , , , , , , , , , , , , , ,		
	21. I certify that (I) (this hospital) attended				hat (I) (we) last
	saw the deceased alive on Life. 10	196, and that death	occured star	e causes end on the de	
	22a. SIGNATURE	A	TTENDING MED S	STAFF	22b. DATE SIGNED
	U. M. Daso	741.01		HYS.	
	22c. PHYSICIAN'S NAME (Typa) A.M. BAC	6 N	2810 Tayl	se ave	
	/ REMOVAL ((Spacify)	c. NAME OF CEMETERY OF CRE.	0 1 0 1	imore, Md.	(Stata)
i	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	256. REGISTRAR'S SIGNAT	TURE
-	Leonard J. Ruck 5305 Har	ford Rd.	DATE APR 1 7 '61	arthur S. Kra	us
		<u> </u>			

TO HOSPITAL OR ATTENT. G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retain, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be before the please remove carbon papers. Pages 1 and 2 should be but the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

The many and the second second to the second of the second application the man state of a second veryen

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 03940

1	PLACE OF DEATH Balto. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY Selto
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give recrest low	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION UP not in hospital, give street oddress) 519 Maryland WE	d. STREET ADDRESS. 1 5 1 9 maryland Cire ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) SAMUEL C. FOSTE	R Last 4. DATE Month St 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Whate WIDOWED DIVORCED 4	DATE OF BIRTH 9. GE (In years out birthday) 72 yrs. IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY Belts mid- 12. CITIZEN OF WHAT COUNTRY
	Samuel C. Foster	Mary Westre
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 1961. no. or unknown) If yes, give wer or doles of services 214-03-6384	anna Foster (Nife) some as above
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which gove rise to immediate cause (o), stoting the underlying cause last.	Ocolusian interval between ones and plant of mila.
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		nier noture of injury in Port i or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factor of work at work.	CE OF INJURY (Home, form, ry, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I took charge of the remains described abordeath resulted from: Notural causes , Accident , Suid	ve, held on Autopsy, Inspection, Inquiry and find that cide, Homicide, Undetermined couse
*	ACTUAL SIGNATURE CELLECTION OF THE SIGNATURE CELLECTION OF	_M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S JACK @ Collins	DEPUTY MEDICAL EXAMINER D
	Burial Cepr. 11-1968 Jacred Hea	crematory 22d. LOCATION (City, town, or county) (Stole)
	From B. Cormelly -418 Eastern Block &	DATE APR 11 '61 Coviling S. Kinne

VS. A15ME(5) 5M 9/55

2077

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03941

3	2024		G =1(111						100		0 - 6	
1. PLACE OF DEATH a. COUNTY	Balto.		MARY		o. STATE Mary		re deceased	d lived. If instituti b. COUNTY		alto	re admiss	ion)
b. CITY OR TOWN RURAL ond give r Cowenton		s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW		side corpo	rate limits, write F	RURAL and	give nec	rest town)
d. NAME OF HOSPI OR INSTITUTION Box 1069			oddress)	/	d. STREET ADDR		Red	Lion Roa	d			FARM?
3. NAME OF DECEASED (Type ar print)	Fir Myrtle		Middle P.	Fra	last ncis		4. DATE OF DEATH	Mor April	1th 22	Do	,	Year 1961
s. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIE		ATE OF BIRTH 1-28-189(0		9. AGE (In years tast birthday) 70 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	Min.
during mast of wor Housewif	ON (Give kind af wark or rking life, even if retired)	lane 10b.	KIND OF BUSINESS O Home	R INDUSTRY	Bal to	(State at	foreign co	ountry)	12. CI	U.S.	WHAT	OUNTRY
13. FATHER'S NAME Walter	Proctor			1	4. MOTHER'S MAI		_{ME} ker					
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORG	ervice)	social security no.			Fran		Add Box 1069	ress Red	Lior	Ros	h.
Conditions, if a gove rise to cause (o), stating lying couse lost.	the under-		Poronarios Axterios	y the	rond	rosc	· \$-			ONS	SET AND	DEATH
ICATIO	THER SIGNIFICANT CON					100			VEN IN PA	RT 1(a) 1	9. WAS PERFO YES	AUTOPSY PRMED?
OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER)		NJURY OCCURRED Not while k of work	20e. PLACE	OF INJURY (Home,	e, farm,	20f. (City			(County)		(Stote
	at (I) (this hospital		led the deceased		3 21	12S).ta	the causes ar), 19 <u>(</u> nd an th		stated	we) las l abave
22c. PHYSICIAN'S NAME (Type)	Samuel	S	TERN.	M,D	ATTENDING PHYS.) MED	CTOR	STAFF PHYS				SIGNE
230. BURIAL, CREMATION REMOVAL (Specify Burial		F	23c. NAME OF CEME		REMATORY ethodist	2	Ral	TION (City, tawn,	or county)		(Stot	e)
24. FUNERAL DIRECTOR	R'S SHONATURE	2746	ADDRESS V	7	250		BY REGIST	TRAR 25b, REG	ISTRAR'S S			

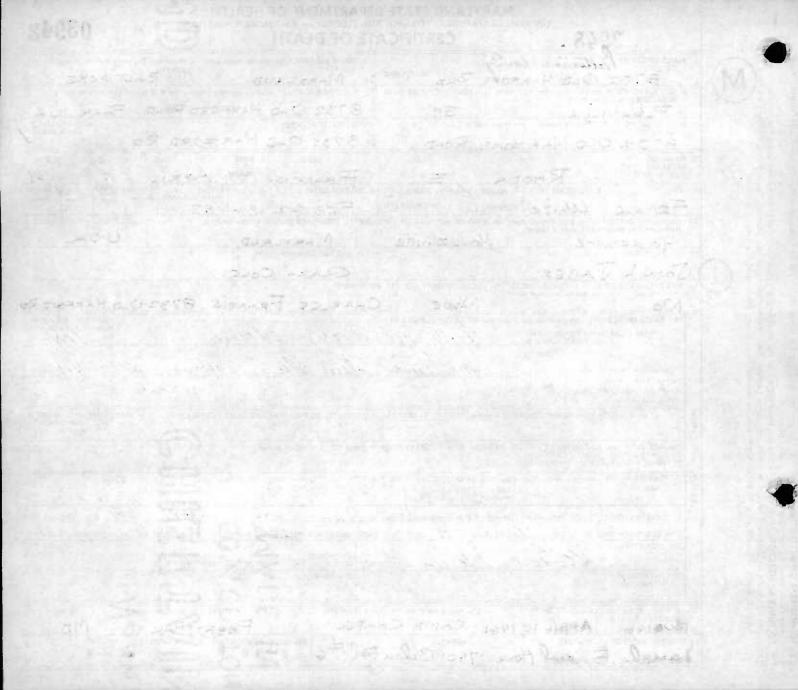
VR A1S (4) 15M 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03942

	394	8	CER	TIFICAT	E OF DEATH	G 90 6 4 78			00342
1.	PLACE OF DEATH DEL		FORD KOAD	MARYLAND	O. STATE	D	b. COUNTY	act im	ORE.
	 CITY OR TOWN (If outs RURAL and give nearest 		write c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (IF				earest town)
_	PARKVIL	12.	39			HARFOR	ed Poac	PAR	HEVILLE
	d. NAME OF HOSPITAL (III OR INSTITUTION 8732 02	1.1			d. STREET ADDRESS	DHARE	ORD R	20	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	R Ho:	٨	Aiddle	Lost	4. DATE OF DEATH	Month	7	ay Year 19 4 /
5.	SEX 6. 0		MARRIED NEVER	AARRIED B.	DATE OF BIRTH	9. AG			F IF UNDER 24 HR
	FEMALE	WHITE!		ORCED	FIEB 22	1878 8	3 yrs.	onths Doys	Hours Min.
0	. USUAL OCCUPATION (C during most of working li	ive kind of work do fe, even if retired)	one 10b. KIND OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign country)		12. CITIZEN O	F WHAT COUNTRY
	Housewir	ee.	Houszi	3:FZ	MARYL	AUD		0.	3A_
3.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
(JOHN L J.	AMES			CLARA	COLE.			
	WAS DECEASED EVER IN	J. S. ARMED FORCE		Y NO. 17. INFO	RMANT		Address		CLASSIBLE
	100	give war or bares or serv	NONE	C	HARLES F	PANCIS	8732	OLD H	ARFORD R
	18. CAUSE OF DEATH	Enter only one cous	se per line for (a) (b) or	d (c)]				IN	ERVAL BETWEEN
			o ber me in Tall fall of	Id Tel.					
	PART I, DEATH W	AS CAUSED BY:	acerti	hulm	mary c	Aluna		ÖN	SET AND DEATH
	443 XIMN Conditions, if ony, v	EDIATE CAUSE (o)_ DUE TO which) (b)_	13. 5	pulm	many a	decia	- leovão Cu	lar	
	443X	DUE TO	13. 5	parlone	many a	the can	levis cu	lar on	
CATION	Conditions, if only, y gove rise to imme couse (o), stoting the u lying couse lost.	EDIATE CAUSE (o)_ DUE TO which (b)_ diote DUE TO (c)_	13. 5	paslom	of RELATED TO THE TERA	Alle Com	LEOVES CHE ALISEES	lar	14/ys-
CERTIFICATION	Conditions, if only, y gove rise to imme couse (o), stoting the u lying couse lost.	DUE TO which bloom (b). diote bue to gonificant conditions GRIFICANT CONDITIONS AUSE OF DEATH	Appell	Jackman (1)	\$1°-1815			lar	19/1/25 19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	Conditions, if ony, y gove rise to imme couse (o), stoting the y lying couse lost. PART II. OTHER SI 20a. ACCIDENT WAS UN OR CONTRIBUTING	EDIATE CAUSE (o) DUE TO which diote conder CO CO CO CO CO CO CO CO CO C	ITIONS CONTRIBUTING TO	JARLMS TO DEATH BUT N URY OCCURRED. ED 20e. PLACE	\$1°-1815	Port or Port of	item 1B.)	lar	19/19/2- 19. WAS AUTOPSY PERFORMED? YES NO
Ī.	Conditions, if only, we gove rise to imme couse (o), stoting the ying couse lost. PART II. OTHER SI 20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTION CONTRIBUT	EDIATE CAUSE (o)_ DUE TO which diote conder DUE TO (c)_ GNIFICANT CONDI DERLYING AUSE OF DEATH CAL EXAMINER) onth, Doy, Yeor 19 (this hospital)	ITIONS CONTRIBUTING TO THE PROPERTY OF WORK OF	TO DEATH BUT N URY OCCURRED. 20e. PLAC focto ased from	(Enter noture of injury in E OF INJURY (Home, far ry, street, office bldg., el	m, 20f. (City or to	item 18.) wn)	(County	19. WAS AUTOPSY PERFORMED? YES NO (Stote hat (I) (we) las
	Conditions, if only, or gove rise to imme couse (o), stoting the ulying couse lost. PART II. OTHER SI 20a. ACCIDENT WAS UN OR CONTRIBUTING COMPANIENT OF CONTRIBUTING CONTRI	EDIATE CAUSE (o)_ DUE TO which diote conder DUE TO (c)_ GNIFICANT CONDI DERLYING AUSE OF DEATH CAL EXAMINER) onth, Doy, Yeor 19 (this hospital)	ITIONS CONTRIBUTING TO THE PROPERTY OF WORK OF	TO DEATH BUT N URY OCCURRED. 20e. PLAC focto ased from	(Enter noture of injury in E OF INJURY (Home, far ry, street, office bldg., el ath accurred at 22 p. ATTENDING PHYS.	m, 20f. (City or to	item 18.) wn)	(County	19. WAS AUTOPS) PERFORMED? YES NO (Stote hat (I) (we) lase e stated above 22b.DATE
Ξ.	Conditions, if only, or gove rise to imme couse (o), stoting the ylying couse lost. PART II. OTHER SI 20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	EDIATE CAUSE (o)_ DUE TO which diote conder DUE TO (c)_ GNIFICANT CONDI DERLYING AUSE OF DEATH CAL EXAMINER) onth, Doy, Yeor 19 (this hospital)	ITIONS CONTRIBUTING TO THE PROPERTY OF WORK OF	D 20e. PLAC focto	(Enter noture of injury in E OF INJURY (Home, farry, street, office bldg., et at a coursed at 22	m, 20f. (City or to	wn) Causes and	(County	19 WAS AUTOPS) PERFORMED? YES NO (Stote) No (Stote) No (Stote)
MEDICAL	Conditions, if only, or gove rise to imme couse (o), stoting the ylying couse lost. PART II. OTHER SI 20a. ACCIDENT WAS UN OR CONTRIBUTING CONTRIB	EDIATE CAUSE (o)_ DUE TO which diote conder DUE TO (c)_ GNIFICANT CONDI DERLYING AUSE OF DEATH CAL EXAMINER) onth, Doy, Yeor 19 (this hospital)	ITIONS CONTRIBUTING TO THE PROPERTY OF WORK OF	D 20e. PLAC focto	E OF INJURY (Home, farry, street, office bldg., et at accurred at ATTENDING PHYS.	m, 20f. (City or to	wn) Cape L Causes and a	(County	19. WAS AUTOPSY PERFORMED? YES NO (Stote hat (I) (we) lase e stated above

TO FUNERAL DIRECTOR: After this TO HOSPITAL OR ATTENDING VR A15 (4) 1SM 9/S9



Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 03944 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND TIMORE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) shauld be RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION urdock .5 NAME OF Middle 4. DATE Month filled DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH campletely Months WIDOWED T DIVORCED T yrs 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) death. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) a **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year (County) Hour a. ft. foctory, street, office bldg., etc.) While Not while 19 of work ot work p. m. ō 21. I certify that I attended the deceased from that I last saw the deceased PM, from the causes and on the date stated above. alive on_ ADDRESS (Street city ACTUAL SIGNATURE shauld

FUNERAL

page 0 VS A15 (4) 15M 9/55 PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

24a. REC'D BY REGISTRAR APR 1 4 '61

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

22d. LOCATION (City, town, or county)

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO Z

(Stote)

DATE SIGNED

(State)

Day

Days

ON A FARM?

Year

196

YES NO

34 3. E. ma			CERTIFICA	
			A STATE OF THE STA	Of the Contract of the Contrac
	and the second	La territori		
				Entrant

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

3951

03945

1.	PLACE OF DEATH		2.	USUAL RESIDENCE (Whe			nce befare admissian)
	Baltimore County	MARYLAN	ID .	o. STATE Md	ь.	COUNTY B	a7to. V
	b. CITY OR TOWN (If autside carporate lin	mits, write c. LENGTH OF STAY IN 1	1b	c. CITY OR TOWN (If au	utside carporate limi	ts, write RURAL and	give nearest tawn)
	Mt. Wilson, Maryland	57davs	X	Bai	7 timoi	re	
	d. NAME OF HOSPITAL (If nat in haspital,	give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
4:	Mt. Wilson State Hosp	pital		508 Eas	stern	AVE	YES NO DE
3.	NAME OF	First Middle		Last	4. DATE	Month	Day Yeor
	(Type ar print) William	n Edward	1 F	UhrMan	OF DEATH	4	1 1961
S	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. D.	ATE OF BIRTH	9. AGE		R 1 YEAR IF UNDER 24 HRS.
	MW	WIDOWED DIVORCED		6/12/188	14 76	yrs. Manths	Doys Haurs Min.
10	Da. USUAL OCCUPATION (Give kind of war during most of warking life, even if retire	k dane 10b. KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State of	ar fareign country)	12. CIT	IZEN OF WHAT COUNTRY?
	Bar-tender			M	1 d.		US.A.
13	3. FATHER'S NAME		14	MOTHER'S MAIDEN N	AME		
	Georde P.	Fuhrman		Emr	Mas. H	4 ouck	
	. WAS DECEASED EVER IN U.S. ARMED FO		7. INFOR			Address	M2 - 1
1	Yes, no, or unknown) (If yes, give war or dates o	214-14-0946H	ospi	tal Records	, Mt. Wil	son State	Hospital
F	18. CAUSE OF DEATH [Enter only one						INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	10) Arterioscle	rot	ic Card	lize Di	sease	ONSET AND DEATH
	DUE 1						
F	Canditions, if ony, which)	(b)					
	gave rise to immediate Cause (a), stating the under-	* *				2	
	lying cause last.	(c)	100				
2	PANT II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
TAT	Vod X Far A	dranced Pu	1m	nary Tu	beru	2120515	YES NO
NOITA CIBITORO	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	20b. DESCRIBE HOW INJURY OCCU	JRRED. (E	nter nature at injury in P	Port I ar Part II af it	em 18.)	
		5					
MEDICAL	20c. TIME OF INJURY Month, Day,		PLACE	OF INJURY (Hame, farm, street, affice bldg., etc.	, 20f. (City ar tawr	(۱	(Caunty) (State)
271	Haur a. m. 19	While Nat while at work at wark	1001017	street, direct blogs, etc.			
	21. I certify that (I) (this haspit	al) attended the deceased fro	ım.	2/3 19	6/ 10 4	// 19	61, that (I) (we) last
	saw the deceased alive an						e date stated abave.
	22o. SIGNATURE				550 F-151F1		22b. DATE SIGNED
	1 Mewon	110	M.D.	PHYS. DIE	ED. STAF	š. 🗆	SIGNED
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS	J 160 - 13		
L	Wm. Newcomer, M.D.	, Superintendent		Mt. Wilson	State Ho	spital, M	t. Wilson, Md
2	3a. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETER	RY OR CR	EMATORY	23d. LOCATION (C	ity, tawn, or caunty)	(State)/
	BELLICE 3-3	61 Haun	pre	eard	seem	sel ce	MILL
2	A. FURERAL DIRECTOR'S SIGNATURE	ADDRESS	1			2Sb. REGISTRAR'S S	
1	ode cyrpi	on Hamps	uod	MA DATEPR	4 '61	Chilbury S.	Thates

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1			3952		CERTIFICA	TE OF DEA	TH			(19	340
M)		PLACE OF DEATH	Baltimore (County	MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where deceaseryland	ed lived. If institution b. COUNTY		before admissione Co	/
		b. CITY OR TOWN (If RURAL and give ne TOWSOT			STH OF STAY IN 16 S.6Mos.23D	11	N (If outside care ltimore	porote limits, write R	URAL and giv	e nearest taw	1)4.
15		d. NAME OF HOSPITA	AL (If not in hospital, g	give street address)		d. STREET ADDRI	ESS	s Street			SIDENCE A FARM?
15	3.	NAME OF DECEASED (Type or print)	Fir		Middle	Lost Garrett	4. DATE OF DEATI	Mon		Day 25	Year 19 67
	S. 5	Male	6. COLOR OR RACE White		DIVORCED	B. DATE OF BIRTH June 24,	1875	9. AGE (In years last birthday) 85 yrs.	IF UNDER 1	YEAR IF UND	ER 24 HRS. Min.
	10a	. USUAL OCCUPATIO during mast of work NVESTMENT	N (Give kind of working life, even if retired Banker	done 10b. KIND O Brok	F BUSINESS OR INDI	JSTRY 11. BIRTHPLACE Mary.		cauntry)		S. A.	COUNTRY?
	13.	FATHER'S NAME				14. MOTHER'S MAI	DEN NAME		1000		
T		Thomas C	arrett		017 142	Alice	e Whiter	idge			
٤		WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCIAL	SECURITY NO. 17.	INFORMANT	Hospita	Add 1 Records			
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ban	1 11	un mon	ia			INTERVAL BI	
		Conditions, if an	DUE TO		nie 1	myocas	ditis			5 m	-+
		gave rise to in cause (a), stating t lying cause lost.		Gen	. arte	nosele	rosis			41	
	CATION	Chr.	Brann	IDITIONS CONTRIB	drome	due to	TERMINAL DISEA	Le Brain	IN PART	19. WAS PERFO YES _	ORMED?
	CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HO	NJURY OCCURR	ED. (Enter nature of inju	ury in Part I ar P	art II af item 1B.)			
	MEDICAL	20c. TIME OF INJURY Haur a.m. p. m.	f Manth, Day, Ye		at while f	LACE OF INJURY (Hame actory, street, affice bld	e, farm, 20f. (Ci g., etc.)	ity ar town)	(Ca	unty)	(State)
	1		t (I) (this hospital			death occurred of	1957 to			that (1)	
		22a. SIGNATURE	This	Elain		M.D. PHYS.	MED. DIRECTOR		pril 2	22	26. DATE
6		22c. PHYSICIAN'S NAME (Type)	W. W. E	lgim, M.	D.	22d. ADDRESS The S			wson 4 Pratt	, Mary Hospi	land tal,
0	230	BURIAL, CREMATIO REMOVAL (Specify)	N. 236. DATE THEREO		oen Moun	or CREMATORY Lt Cemeter		ATION (City, town, ltimore,		Md.	te)
	24.	FUNERAL DIRECTOR	SIGNATURE Jenkins &		DDRESS Inc		REC'D BY REGI		STRAR'S SIGN	NATURE	

TO HOSPITAL OR ATTENDING AND SICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Pampy be retained by the haspit attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) Page e. COUNTY a. STATE necessary, BALTIMORE MARYLAND c. CITY OR TOWN (If dutside corporete limits, write RURAL end give neerest lown) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 director. Your write RURAL and give negrest town) IMONIUM IIMONIUM .v d. STREET ADDRESS 0 Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 3 to the funeral 4 LUNGRIDGE retained LONGRIDGE COURT State 3. NAME OF DECEASED OF the DEATH APRIL (Type or print) with B. DATE OF BIRTH 6. COLOR OR 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 7. MARRIED NEVER MARRIED 2 wit lest birthdey) age 5 may 1 and 2 wit 72 hours and Months FEMALE WIDOWED 17 DIVORCED hours after 2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Page done during most of working life, even If retired in Item 18. Give Pages 1, MARYLAND

14. MOTHER'S MAIDEN NAME HOUSE WIFE pages form PM3. 13. FATHER'S NAME ANNA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no. or unkown) | (If yes give war or deles of service) ELNAG, BRADENBAUGH-104 LUNGRIDGE CT with certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line (of le), (b), and (c). Office along burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) in pencil DUE TO removal. Conditions, if eny, which (b) "pending" gave rise to immediate cause (0) DUE TO (a), steting the underlying as Examiner cause last. pesn ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION cremati 2 the word Medical pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. rriting R: Page 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work prior p.m. execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection agent, death resulted from: Natural gauses Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPLITY MEDICAL EXAMINER EXAMINER'S plnous NAME (Type Address (Street, city, town, or county) 9989 THEREO 22c. NAME OF 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION REMOVAL (Specify) RIDGE 40 0 OH <u>a</u> 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE arthur S. Thous

COOK-TOWSON, INC. TOWSON 11

BALTIMORE

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12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

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		LACE OF DEATH D. COUNTY	altimore	46	MARYLA		g. STATE _		ylvani	lived. If institution b. COUNTY	_	e befare odmi	1/
	Ь	RURAL and give i	(If autside carporate limit nearest tawn) Onsville	s, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TO		utside corpore zelton	ate limits, write R	URAL and g	ive nearest tax	vn)
06	C	OR INSTITUTION	ITAL (If not in haspital, g				d. STREET AD		ELM	C		ON	SIDENCE A FARM?
10			St. Josep	n's	Nursing Home	е	110	IVIL	- 111	2/.		YES	NO
	3. N	NAME OF DECEASED Type or print)	Louis		Gentilini Middle		Last		4. DATE OF DEATH	Man	н Др	Day r. 13.	Year 19 61
	S. S	Male	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRIED	_	Apr. 24.	1890	1	P. AGE (In years last birthday) 70 yrs.		Days Haur	
	10a.	during mast af wo		lane 10b.	KIND OF BUSINESS OR	INDUST	11. BIRTHPLA		ar fareign cau	untry)		U. S. A	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
T			Unknown			96			Unkne	own			
	15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16.	SOCIAL SECURITY NO.		DRMANT	77 73	007.0	Add		~ .	Md.
,735						pr.	Joseph	AGTK	1 50TO	Ferngle	n Way	Catons	ville
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	17.	ine far (a), (b), and (c).]	nia.	ary Con	igest.	ve He	at Fai	lune	ONSET AN	BETWEEN D DEATH
H		35 Canditions, if		Hem	ipaiesis Z w	ks a	go. In	nmob	ile			2	wks
		gave rise to cause (a), stating lying cause last	the under- DUE TO	Par	kinsonisim	,3	inere:	Gen	end 130	clerosis	5	4	115
0	CATION	PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
O	CERTIFI	OR CONTRIBUTIN	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature af	injury in P	art I ar Part	II af item 18.)			
	MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	10	While	Nat while	Oe. PLAC	E OF INJURY (H	ame, form, bldg., etc.	20f. (City	ar tawn)	(C	aunty)	(State)
4		21. I certify the) atten	ded the deceased f		/	at	60 tal	he causes an		, that (I)	
		22a. SIGNATURE	-midio	B	anco	М.	ATTENDING	_/ME		STAFF PHYS.			SIGNED
		22c. PHYSICIAN'S NAME (Type)	Emidio Bi	anco	M. D.		6322	2 W	Indsor	- M111	Rd	Bati	10 H
		PEMOVAL (Specify	ON, 23b. DATE THEREO	F	23c. NAME OF CEMET	ERY OR	CREMATORY			ON (City, tawn,	,,	(St	ate)
emov		for buri	al 4/17/19	61	Our Lady	of]				elton, P			
	24.	FUNERAL DIRECTO	4 -	1 -	ADDRESS	17	1 - 163	25a. REC'D	BY REGISTR	AR 25b, REGI	STRAR'S SIG	SNATURE	
	1	aston	1 France + a	0 4	ome Catons	SVIL	re, Ma.	DATE					

**SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO HOSPITAL OR ATTENDING APPENDING APPENDING APPENDING PAPENDING PAPENDING A hours after dear may be revained by the haspit attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campletely filled in by the funer page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld of the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTEN "G PHYSICIAN: The law requires that the death certificate be executed within 24 hours elicated death. Page 4 may be retain, by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 0

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	955	Item	CERTIFICATI	SOF DEATH	liwk			03949	
1. PLACE OF DEATH •. COUNTY Baltim			MARYLAND	e. STATE Mary		b. COUN		sidence before edmi	ission)
b. CITY OR TOWN (write RURAL end Fort Ho	if outside corporete limi d give neerest town) ward	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orete limits, write	RURAL end	VOLI	4
8	s Administ		Hospital	d. STREET ADDRESS		ac Stree	t	ON A FA	
3. NAME OF DECEASED (Type or print)	First		Middle F	GODZIK	4. DATE OF DEATH	Month		Dey Yeer O 19	61
5. SEX			NEVER MARRIED	8. DATE OF BIRTH February 27,	1897	. AGE (In yeers lest birthdey)	IF UNDER 1 Y	EAR IF UNDER 24	HRS. Min.
10e. USUAL OCCUPAT	TION (Give kind of work orking life, even if retire	ed)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & Stete, or			EN OF WHAT COU	NTRY
	OZIK VER IN U.S. ARMED FOI Ifyesgive werordetesofs WW I	service)	ocial security no. 17. 7-03-4859 C1	Bertha Re INFORMANT in.Records.	chuba	Address	Ft. H	oward Div	7.
18. CAUSE OF I	DEATH [Enter only one TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	BRONG						INTERVAL BETWE	EN
Conditions, if engagere rise to immed (e), steting the couse lest.	liete ceuse	HEI 3 CHI	PATOMA RONIC CHOLECY TERIOSCLEROSI	STITIS WITH (CHOLELI	THIASIS		UNKNOWN UNKNOWN	V
	R SIGNIFICANT COND			NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1	1(e) 19. WAS AUTO PERFORM YES A NO	ED?
21	AS UNDERLYING		CRIBE HOW INJURY OCCUR	ED. (Enter neture of injury In	Part I or Pert	II of item 18.)			
OR CONTRIBUTING	MEDICAL EXAMINER)							ete)
20c. TIME OF INJU	MEDICAL EXAMINER		Not While fa	LACE OF INJURY (Home, fer actory, street, office bldg., et		y or town)	(Count	ty) (Ste	
20c. TIME OF INJU Hour e.m. p.m.	MEDICAL EXAMINER) URY Month, Dey, Ye 19 that (DK (this hosp)	while et work	Not While from et work [March 20	1951	April]	0 196	1 that (# (we	e) las
20c. TIME OF INJ Hour e.m. p.m.	MEDICAL EXAMINER) URY Month, Dey, Ye 19 that (DK (this hosp)	while et work	Not While et work led the deceased from	March 20 at death occured at ATTENDING PHYS.	1951	April]	0 , 19.6 and on th	that (*) (we date stated a	DATE
20c. TIME OF INJI Hour e.m. p.m. 21. I certify saw the decea	that (DK (this hospised alive on)	while et work	led the deceased from 1961, and the	March 20 at death occured at ATTENDING PHYS. 22d. ADDRESS	101 to 52PM from MED. DIRECTOR [April In the causes	0 , 19 6 and on th	that (F) (we do date stated a 22b. D	DATE
20c. TIME OF INJI Hour e.m. p.m. 21. [certify saw the decea 22e. SIGNATURE 22c. PHYSICIAN'S	medical examiner; URY Month, Dey, Ye that (DX (this hosp) sed alive on	ear 2Dd. If While et work ital) attend ril 10 CRAH	led the deceased from 1961, and the	MATCH 20 at death occured at ATTENDING PHYS. 22d. ADDRESS VAH, But A	101 to 52PM from MED. DIRECTOR [ALITO. M	April] n the causes STAFF PHYS.	O 196 and on th WARD D	that (if (we do date stated a 22b. D) IV.	ATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

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Remark A. Dabrowski. 2818 R. Dalto. St. Bolto. Mi. september . A Deservation

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 3956 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY BALTIMORE MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Chesapeake City Owings Mills 20 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Box 76 Biddle Street Rosewood State Training School NAME OF Middle A. DATE Month DECEASED (Type or print) DEATH Kenneth Henry Grabowski April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH last birthday) Months Male WIDOWED March 17. DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired None Cecil Countym Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Joseph Grabowski Bertha Javoroski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service Rosewood Records; Owings Mills, Maryland No None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) geve ilse to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 (County) factory, street, office bldg., etc.) Not While While et work et work saw the deceased alive 22e. SIGNATURI ATTENDING A STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23a. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME CREMATORY 23d. LOCATION (City.

25a. REC'D BY REGISTRAR

DATE

. IS RESIDENCE ON A FARM?

YES NOX

1967

IF UNDER 24 HRS.

Hours

U.S.A

INTERVAL BETWEEN

ONSET AND DEATH

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(Stete)

22b. DATE

45b. REGISTRAR'S SIGNATURI

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SIGNED

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TO HOSPITAL OR ATTENT SHYSICIAN: The law requires that the death certificate be executed within 24 hours affected to death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 0

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
1	a. COUNTY	e. STATE b. COUNTY
	Baltimore MARYLAND	Md.
4	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	write RURAL and give neares town) Catonsville	Baltimore # 24,
-		d. STREET ADDRESS a. IS RESIDENCE
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) Paradise Nursing Home	ON A FARM?
	Paradise and Altamont Aves.	3243 Fait Ave. YES NO□
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) GERTRUDE M.	CPAV DEATH Annil 6 1067
-		dial april 0, 1701.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED A DIVORCED	Jan. 26, 1893. 68 yrs. Months Days Hours Min.
-	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even if retired)	
	Retired House Work	Baltimore . Md. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Togenh Zonf	34
/-	Joseph Zapf	Margaret Lang.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	6818 Conley St.
	(Yes, no or unkown) (Ifyesgive war or dates of service) None Ed	lward G. Gray Balto., 24, Md.
	18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	CELLY OR CALLES LAND DEATH
	IMMEDIATE CAUSE (e) /Leulle Ontil	1) Catalian
	H2 O DUETO HAMbertenii	Mandie Vandan Direna.
	Conditions, if eny, which (b)	Current Comman 171 France,
	geva rise to immediata ceuse	(sex len tening)
	(a), stating the underlying DUE TO Pluce and no	an an and
Ú.	ceuse lest. (c)	
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	Surp in Surp in Surp	128- took
		. (Enter natura of injury In Pert I or Pert II of item 18.)
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW/NJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH CAUSE OF D	. (chier natura of injury in refi) of refi i) of fiem ic.)
- 1		
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While tech	tory, street, office bldg., etc.)
4	p.m. 19 et work et work	- In the first the
7	21. I certify that (I) (this hespital) attended the deceased from	19 , 19 to Lattil 6, 19 0 /that (1) (wa) last
1	saw the deceased alive on 4/6 196/ and that	death occured at 9.2.45 from the causes and on the date stated above.
	228. SIGNATURE	22b. DATE
1	Mulius & Jumber 144	ATTENDING MED. STAFF SIGNED
	, , , , , , , , , , , , , , , , , , ,	.D.' PHYS. DIRECTOR PHYS.
	122c. PHYSICIAN'S NAME (Type) Mr. VI I Au D 3 5 K, M.D.	22d. ADDRESS
	NAME (Type) MI. VI TAWO135KI MID.	57/1 (and ly lul Jane 19
=	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	PEMOVAI (Specify)	
_		of o ocure octive.
	FUNERAL DIRECTOR'S SIGNATURE	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Charles & Leiler 901 S. Conkling BALTO, 24, MD,	St. DATE APR 11 '61 Center S. Hours
14	0/7 L 101, LT1 MD)	1-11- 11-11-11-11-11-11-11-11-11-11-11-1

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE

b. COUNTY To S. Average of the county of the c PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Angeles MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town South Gathern Arm Visiting South Gate d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Glen Arm Road YES NO P NAME OF First Middle 4. DATE Last Month Day Year DECEASED DEATH (Type ar print) 196 val IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (th years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Days WIDOWED DIVORCED | Sept. 16-1888 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) General Electric Appliance Renair Jefferson Co. Kansas USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Randolph Grav Mary L. Arnold 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Mrs Violet Wood Glenarm Road Glen Arm INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse persine for (o), (b), and (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) a. m. While Not while of work at work 21 I certify that (1) (this hospital) attended the deceased frame saw the deceased alive on and that death accurred at _____M, from the causes and an the date stated above 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. L.M.D. DIRECTOR . 22d. ADDRESS 23b. DATE THEREOF 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Charity Christian Ch Cem. Springfield Missour: 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DR 2 6 '61

TO HOSPIT May be re TO FUNER. TO FUNER. The State

FUNERAL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH

	3959		CERTIFIC	CATE OF D	— BALTIMORE 1, I	MARYLAND	03953	3
1. PLACE C	Balto.		MARYLAI	o. STATE -	DENCE (Where decease	d lived. If institution b. COUNTY	Residence before admission)	
RURA	OR TOWN (If outside corpor it and give nearest town)		c. LENGTH OF STAY IN	XE	OWN (If outside corpo	prote limits, write RU	RAL and give nearest town)	
OR IN	E OF HOSPITAL (If not in ho NSTITUTION 53 Lornar 1		Balto-2,	d. STREET A	DDRESS Jonnes	v Rd. (e. IS RESIDER	RM?
3. NAME C DECEAS (Type or	ED	First	Middle E .	GRIM	OF	april	Day Year 20 19	
5. SEX	6. COLOR OF	R RACE 7. MARRI	NEVER MARRIED	8. DATE OF BIRTH			FUNDER 1 YEAR IF UNDER 2	Min.
10a. USUAL	L OCCUPATION (Give kind of most of working life, even it	f retired)	IND OF BUSINESS OR I	NDUSTRY 11. BIRTHPL	ACE (State or foreign o	ountry)	12. CITIZEN OF WHAT COU	NTRY
13. FATHER		rimme)	14. MOTHER'S	MAIDEN NAME	nolels		
15. WAS DI {Yes, no, or u	ECEASED EVER IN U. S. ARM	dates of service)	2-07-954	17. INFORMANT	1	Addre	ss	
S	PART I. DEATH WAS CAUS IMMEDIATE C	ED BY:	e for (o), (b), and (c).] - PATIC	CIERH	10515		INTERVAL SETWO	EEN ATH
couse	couse last.	(c) NT CONDITIONS <u>C</u> C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIVE	N IN PART 1(o) 19. WAS AUT	TOPSY
200. A	CCIDENT WAS UNDERLYING DNTRIBUTING CAUSE OF HER, NOTIFY MEDICAL EXA!	DEATH	RIBE HOW INJURY OCC	URRED. (Enter noture o	f injury in Port I or Po	rt II of item 18.)	YES N	10 🕡
	ME OF INJURY Month, D Hour o.m. p.m.	oy, Year 20d. IN While of work	_ Not while	e. PLACE OF INJURY () foctory, street, affice		y or town)	(County)	(Stote
							?, 19 6/ , that (I) (we I an the date stated ab	
	IGNATURE COSES	sh U	riceli	M.D. ATTENDING		STAFF PHYS.	22b.D. 4/24	IGNE
N.		OH Mic			S. TAYLO		BALTO 21, 1	mi
BUA	AL, CREMATION, 23b. DATE OVAL (Specify)	THEREOF 4-6/	GARDENS	RY OR CREMATORY	H BA.	TION (City, town, or	m	D.
Jun!	appliector's signature	18 Easte	an Blad B	eto 2/ huy	DATE APR 2	34000	TRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directing a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with SICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Baard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. attending physician. TO HOSPITAL OR ATTENDING may be retained by the haspi

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Oak Lawn Cemetery

Walter Brooks Bradley, Inc., Dundalk 22, Md OATE APR 7

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

Baltimore Co. Maryland

24b. REGISTRAR'S SIGNATURE

Cirthun & Krossa

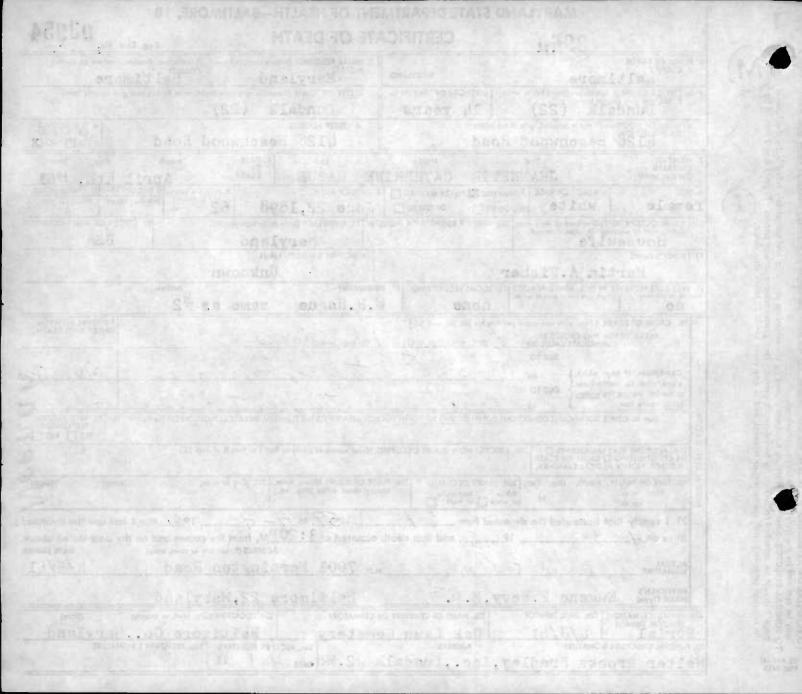
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FUNERAL DIRECTOR 3 should be the 15M 9/55

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2004

03955

	3301						U	1000
1. PLACE OF DE	ATH			2. USUAL RESIDENCE (W	here deceased	lived. If instituti	on: Residence be	efore admission)
0. COUNT	Baltimo	re	MARYLAND	Md.		b. COUNIT	Baltin	nore
	OWN (If outside corporate lim give nearest town)	nits, write c. L	ENGTH OF STAY IN 16	c, CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond give n	nearest town)
	Pikesville		LIFETIME	X Pike	esvill	e 8. M	d.	
d. NAME OF OR INSTITU	HOSPITAL (If not in haspital,	give street oddre	ess)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
OR INSTITU	Reistersto	wn Road	d	708 Reis	tersto	wn Roa	d	YES NO
3. NAME OF DECEASED (Type or print)		rst	Middle Agnes	Lost Hahn	4. DATE OF DEATH	April	29 ·	Day Year 19 61
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		AR IF UNDER 24 HE
Female	White	WIDOWED	DIVORCED	August 25.	1888	72 yrs.	Months Doys	s Hours Min.
Oa. USUAL OCC	UPATION (Give kind of work	dane 10b. KIND	OF BUSINESS OR INDU			untry)	12. CITIZEN	OF WHAT COUNTR
	af warking life, even if retired ewife		wm Home	Baltime	ore .M	id.	U.S.	.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN				
H	enery Rosch	en		WOU!	SE AC	GNES	SC.HA	DECLERA
15. WAS DECEAS			AL SECURITY NO. 17.	NFORMANT	1 \ /	/ Add	ress Pit	la selle
M	none	312-	-03-9388AV	Ev. Novin A	Ha	hn. 70	8 R1	Verston
18. CAUSE	OF DEATH [Enter only one c	ause per line for	(o), (b), and (c).]			. /		NTERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY:	0)		Duln	COHATE	Edeme		24 /104 r
17	U X DUE TO				-			
Condition	s, if ony, which)	b) Car	a concina to	505				5 years
	to immediate DUE To	o Car	cenoma e	se the ut	erus			
lying caus		(c)						
Z PART	II. OTHER SIGNIFICANT CO	NDITIONS CONT	RIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPS PERFORMED?
3								YES NO
O (IF EITHER, I	ENT WAS UNDERLYING DEATH BUTING DEAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRI	D. (Enter nature of injury in	Part I or Part	Il of item 18.)		
20c. TIME OF	. / -1.	*	6.	ACE OF INJURY (Home, for		or town)	(Count	ty) (Sto
20c. TIME OF	p. m. 19	While at wark	Nat while ot wark	iciory, sireer, office blug., er	()			
21 certif	fy that (1) (this hospita	al) attended	the deceased fram	Jul 9 19	9 6 D ta	40	7. 19 61.	that (I) (we) la
	leceased alive an	Apr. 28		death accurred at LO				
22a. SIGNAT		7	1					22b.DATE
	serold h	magg	ed (h)		NED.	STAFF PHYS.		4/24/6
22c. PHYSIC NAME (11 11	in win	22d. ADDRESS	Yos vill	- Hd		
	Gerald	1. 19lag	90,00					
236. BURIAL, CRI	MATION, 23b. DATE THERE	OF, 23	. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, tawn,	ar county)	(Stote)
June	2" 5-3-	61	True 1	redge	Tr	terve	ele	my
24. FUNERAL DIE	RECTOR'S SIGNATURE	- 60	ADDRESS	250. REC	D BY REGIST		ISTRAR'S SIGNA	
(Ina	Me 1 1/10	ora-	/ ikeroll	e may DATE	PROFILE P			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directors. After this certificate has been signed by the attending physician and campletely filled in by the funeral directors as should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. ICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag

TO HOSPITAL OR ATTENDING

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH a. COUNTY	0000		MARYL		USUAL RESIDENCE (W		l lived. If institution b. COUNTY			
	Baltimore				Mary.				imor	
b. CITY OR TOWN (If a RURAL and give near	rest town)	, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (if		rate limits, write RU	RAL and give	nearest tov	vn)
d. NAME OF HOSPITAL OR INSTITUTION		re street ad	(dress)		d. STREET ADDRESS	111			e. IS RE	SIDENCE A FARM?
904 N	Malvern Av	venue	,		904 Malve	rn Av	enue		YES [] NO [
3. NAME OF DECEASED (Type or print)	First		Middle		Last	4. DATE OF DEATH	Month		Day	Year
	Charles V			- 10 -	ATE OF BIRTH	1	Apri	FUNDER 1 YE	EADITE LINE	19 61
	6. COLOR OR RACE			_	ATE OF BIRTH		lost birthday)	Months Do		-
Male	11 11100	WIDOWED	_		ct. 12, 190		55 yrs.			
100. USUAL OCCUPATION during most of warkin	g life, even if retired)	ane 10b. KI	IND OF BUSINESS OR	INDUSTRY	Baltimo			U.S.	Δ A	COUNTRY
C. P. 1	A.			1	4. MOTHER'S MAIDEN I		ai yiana	0.5	• 11.	
							f 4 -16			
	D. Hatter				Alice Virg	ginia N				
1S. WAS DECEASED EVER I	IN U. S. ARMED FORC yes, give war or dates of ser	ES? 16. SC	OCIAL SECURITY NO.		RMANT		Addre			
No		216	36-6394	Mile	lred Flichn	nan Ha	atter-904	Malve	ern A	ve.
1B. CAUSE OF DEATH	WAS CAUSED BY:	se per line	2	atati	in Hear	<i>7</i> .			INTERVAL BONSET AND	D DEATH
157X Conditions, if any	mediate (Ca	icinoma		Pancren.	S.				coethe
couse (o), stating the lying couse lost.	e under- DUE TO (c).									
САТІС	R SIGNIFICANT COND	ITIONS <u>CO</u>	NTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(d	19. WAS PERF YES	ORMED?
20g. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	POb. DESCR	IBE HOW INJURY OC	CURRED. (inter noture of injury in	Port I or Part	II of item 1B.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year	20d. INJ While of work	Not while	20e. PLACE factory	OF INJURY (Home, farm, street, affice bldg., etc	n, 20f. (City	or tawn)	(Cour	nty)	(Stot
21. I certify that	t Lattended the	decenser	from Nov	.2-1	_, 1960, ta A	mv1 4	196/,11	nat I last	caw the	decense
alive on Am	7 3	106	1		curred at 9 K					
dive on 1	11/1/	()	, and mar (death of	corred di		reet, city or town, st			TE SIGNE
ACTUAL SIGNATURE	at 1	The	usa, lu	A.D	5111	Youl	< Md		301/4	196
PHYSICIAN'S NAME (Type)	WF.	Ben.	son. MD.		13	etts.	12 m	1		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF		22c. NAME OF CEMET		REMATORY Cemetery		TON (City, town, or		(Sto	ate)
23. FUNERAL DIRECTOR'S			*ADDRESS	awii (D BY REGIST	more, M	RAR'S SIGNA	ATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pan	Dist	No.	3	9	5	9
Reg.	DIST.	140.				

	n, PLACE OF DEATH o. COUNTY Baltimore MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Raltimore							
	b. CITY OR TOWN (and give neorest low	If outside corporate limits, writen) Essex (21)	e RURAL	c. LENGTH OF ST.	AY IN 16	c. CITY OR TOWN (I	1 - 1	porate limits, write	RURAL of	nd give n	earest tay	vn)
		Middleborou			dress)	d. STREET ADDRESS	ddleb	orough Ro	3.		ON.	SIDENCE A FARM? NO 🗔
	3. NAME OF DECEASED (Type or print)	HELEN	RICHM	Middle OND HAYE		Last	4. DATE OF DEATH	April	22.	Doy		9 61
	5. SEX Female	6. COLOR OR RACE White	WIDOWE	DIVORCE	ED 🔲	DATE OF BIRTH	37	9. AGE (In years last birthday) 74 yrs.	IF UNDE Manths	R TYEAR Days		ER 24 HRS. Min.
To the second	Hous	ON (Give kind of working life, even if relired)	dane 10b. K	Retired	OR INDUSTI	Mass.		country)	12. CI	TIZEN O	F WHAT	COUNTRY?
	13. FATHER'S NAME	art MacKav				14. MOTHER'S MAIDEN	NAME					
		VER IN U. S. ARMED FO	service)	social security N		Martha FORMANT Richmond K	Gershav	Address	Same	2		
Control of the latest of the l	Canditians, if gove rise to imme (a), stating the cause last.	underlying DUE TO	Cor mi	po car de	e 14	aut Fa Liseiffi Salu	aen :	d Coy		4	LIGHT) .
	PART II. OT	Multip	Le Ti	Tyalon		OT RELATED TO THE TERM	MINALUISEAS	E CONDITION GI	VEN IN PA		PERFO YES	RMED?
3	PRIMARY OF CAUSE OF DEATH	USE WAS DITRIBUTING 2	b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter nature of injury in Po	rt I ar Port II	af item 18.)				
	20c. TIME OF INJU Havr a. m. p. m.		While	NJURY OCCURRED Not while	facto	E OF INJURY (Home, for ry, street, office bidg., etc	m, 20f. (City	y or tawn)	(C	aunty)		(State)
2		hat I took charged from: Natural			_	ve, held an Autops ide , Homicide _M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	e , U EXAMINER CAL EXAMINE	ER 🔲	_	j. T	DATES	ICNED
	220. BURIAL, CREMATI REMOVAL (Specific	ON, 226. DATE THEREO	OF .	22c. NAME OF CEA		crematory		timore.			(State	o)
	23. FUNERAL DIRECTO	1 -1 -1 -1		ADDRESS	2010116	24a. REC	'D BY REGIS	TRAR 24b. REG			RE	
	James E	Brandeinelei	7/107	Fostom I	1780	DATE	SPR 2 4	'61	7 -1	0 4		

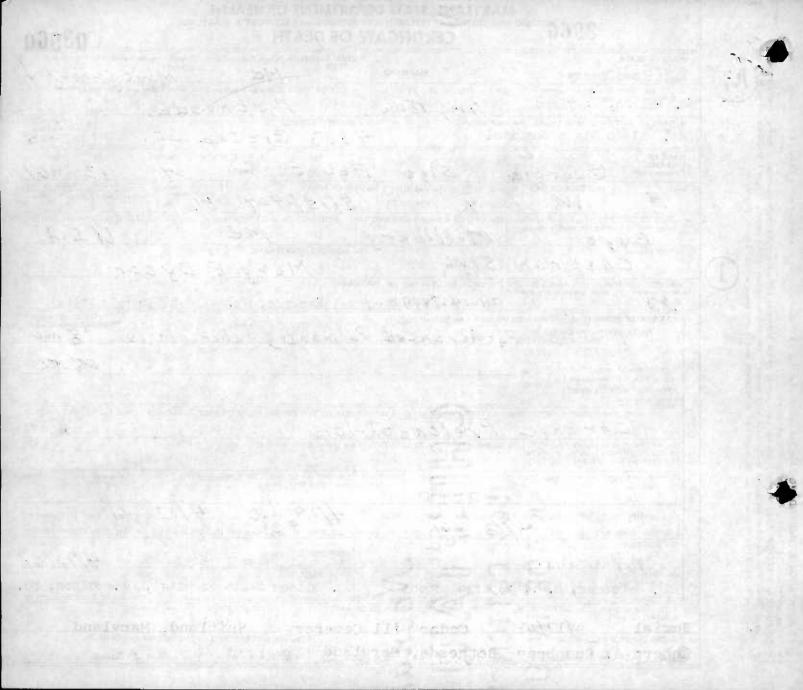
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please cute the certificate, writing Warry or "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 show forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremain

or removal. VS. A15ME(5)

SM 9/55

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	- Davido Abid		
			25 25
			A POST



	DEPARTMENT OF HEALTH PLOS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ATE OF DEATH ()396	61
Lace of DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before a e. STATE Maryland Baltimore	dmission)
CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) Catonsville		n)
. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		SIDENCE A FARM? NO
VAME OF First Middle DECEASED Type or print) T. Bernard H	Heilmann 4. DATE Month Dey Year Mellmann 17 196	
Male 6. COLOR OR RACE 7. MARRIED	8. DATE OF BIRTH March 22, 1890 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 1 YEAR Hours 71 yrs. Hours	24 HRS. Min.
USUAL OCCUPATION (Give kind of work e during most of working life, even if retired) Cashier USUAL OCCUPATION (Give kind of work e during most of working life, even if retired) Dairy-Retired	USTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT C	OUNTRY?
George Heilmann	14. MOTHER'S MAIDEN NAME	
, no, or unkown) ((Ifyesgivewerordetesofservice) 216-03-6578 A	Alice M. Heilmann-715 Woodsdale Ave28-	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BET	
Conditions, if any, which DUE TO Severalized	arteris selevois 570	as.
geve rise to Immediate ceuse (a), stating the underlying ceuse lest. DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFO	UTOPSY RMED?

20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Dey, Yeer 20d. INJURY OCCURRED 2Df. (City or town)

factory, street, office bldg., etc. Not While Hour a.m. et work at work p.m. (I) (this hospital) attended the deceased from

and that death occured at

(County)

from the causes and on the date stated above.

220. SIGNATURE M.D.

ATTENDING STAFF 22d. ADDRESS

NO

(Steta)

226. DATE SIGNED

22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) 4--20--1961

23c. NAME OF CEMETERY OR CREMATORY Moreland Cemetery

23d. LOCATION (City, town or county) Baltimore

(State) Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

saw the deceased alive on.

ADDRESS 301 Frederick Ave; 28

DATAPR 2 0 '61

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & King

VR A15 (4) 15M 9/60

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hours after deat

or removal, and in any event, within 72

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CERTIFICATION

MEDICAL

The law requires that the death certificate be executed within 24 hours at

Life hospital or attending physician.

Author this certificate has been signed by the attending physician and completely filled in by the Life this certificate has been signed by the place remove carbon papers. Pages 1 and 2

3 should be detached for use as the burial-transit permit.

director, page 3 should be detached for use be filed with the State Dept. of Health prior

PHYSICIAN:

to burial, cremation,

TO HOSPITAL OR ATTEND death. Page 4 may be relaid TO FUNERAL DIRECTOR.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (13962)

1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where de			ence before e	dmission
e. COUNTY Balti	more	MARYLAND	e. STATE Marv	land	b. COUNT	ry		
b. CITY OR TOWN (if	outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rete limits, write	RURAL end giv	e neerest tow	n)
write RURAL end g		3 days	Baltimo	re 13		J. Ser	101	-
d. NAME OF HOSPITA	AL OR INSTITUTION (if not in he		d. STREET ADDRESS					SIDENCE
Watamana	. Administratio	n Weenttal	1809 N.	Durham	Street			A FARM?
3. NAME OF	Administratio	Middle	Last	4. DATE	Month	De		-
(Type or print)	PAUL	J.	HERFURTH	OF DEATH	April	22	19	61
S. SEX	6. COLOR OR RACE 7. MARR		. DATE OF BIRTH		AGE (In yeers	IF UNDER 1 YEA	R IF UNDER	24 HR5.
_			March 20, 18	97	last birthdey) yrs.	Months Deys	Hours	Min.
Male 10e. USUAL OCCUPATION	77440000	KIND OF BUSINESS OR INDUSTR				12. CITIZEN	OF WHAT C	OUNTRY
done during most of work	ing life, even if retired)					U.S.		
Laborer 13. FATHER'S NAME	בוען	tillery Company	Curtis Ba		Land	0.0.	A.	
Karl Her	- front h							
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(Yes, no, or unkown) (Ify	resgive wer or dates of service)	SOCIAL SECURITY NO. 17.						
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and the second second second second	ATH [Enter only one cause per	line for (a), (b), end (c).]					NTERVAL BET ONSEL AND D	DEATH
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(e), steting the und	derlying DUE TO							
ceuse last.) (c)	ONTRIBUTING TO DEATH BUT NO	T DEL ATED TO THE TERM	INIAL DISCASS	COMPLETION CIVI	ENLINI DADT 1(-)	10 WAS A	LITORSY
PART II. OTHER :	SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT NO	DI KELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	IN IN PART I(e)	PERFO	RMED?
5	Hypertensiv	re Cardiovascula	ar Disease				YES	ио 🔣
PART II. OTHER : 20a. ACCIDENT WA OR CONTRIBUTING [OR CONTRIBUTING [OR CONTRIBUTING [S UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED). (Enter nature of injury in	Pert I or Pert II	of item 18.)			
20c. TIME OF INJUR'		I	CE OF INJURY (Home, fer tory, street, office bldg., et		or town)	(County)		(State)
Hour e.m.	Whi	IIO TOT TATING	,,					
21 I contify the	at M (this hospital) atte	nded the deceased from.	April 19	1861 to	April 22	19 6]	that X (we) la
and the decess	d alive on April 2	2 19 61, and that	dooth occured at	A M from	the causes	and on the	date states	d abov
	a alive on	im, and mai	dealli occured ai	, 110III	Ille causes i	3110 011 1116		DATE
22a. SIGNATURE	M. Haure	sice Tuly	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	4/22/6		SIGNE
22c. PHYSICIAN'S			22d. ADDRESSVA	н, 3900	Loch Ra	ven Blv	rd.	
NAME (Type)	M. LAWRENCE RUE	BIN. M.D.	Baltimore	18. Md	FORT H	IOWARD I	IVISIO	ON
	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY			ATION (City, tow		and the same of th	tate)
REMOVAL (Specify) Burial	11-36-1961				ltimore	14	arylar	
24 FUNERAL DIRECTOR'S	S SIGNATURE	170 DDRESS Datte	Die 25a. Ri	EC'D BY REGIST	RAR 25b. REG			
Teo Cook &	_	1701 Patter	DATE	APR 24 '6	1 a	rthur S. H	MILL	

TO HOSPITAL OR ATTENT NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours also death. Page 4 may be retain, by the hospital or attending physician.

S TO FUNERAL DIRECTOR: 44er this certificate has been signed by the attending physician and completely filled in by the function of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) direc o. COUNTY b. COUNTY, MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAC) and give neprest town) c. LENGTH OF STAY IN 16 c. CIBNOR TOWN (If autside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL (IF not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z 2. NAME OF Middle Lost DATE Yeor filled DECEASED OF (Type or print) DEATH 196 S. SEX 9. AGE (In years 7. MARRIED WEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Hours DIVORCED | WIDOWED [100. USUAL OCCUPATION (Give kind of work done 126 KIND OF BUSINESS, OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? g most of working life, even if retired) pup after physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. HTTORMAN attending CAUSE OF DEATH [Enter only one cause per line for (o), (b): and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO p Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 1 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify, that I attended the deceased fram. 19_6/_,that I last saw the deceased and that death accurred at X P.M. from the causes and an the date stated above. DIRECTOR: DATE SIGNED ACTUAL SIGNATURE P shaul PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burlal Holland, Virginia Church Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A15 (4)

802 Madison Avenue, Balto., Md. DATE APR 1 0 '61

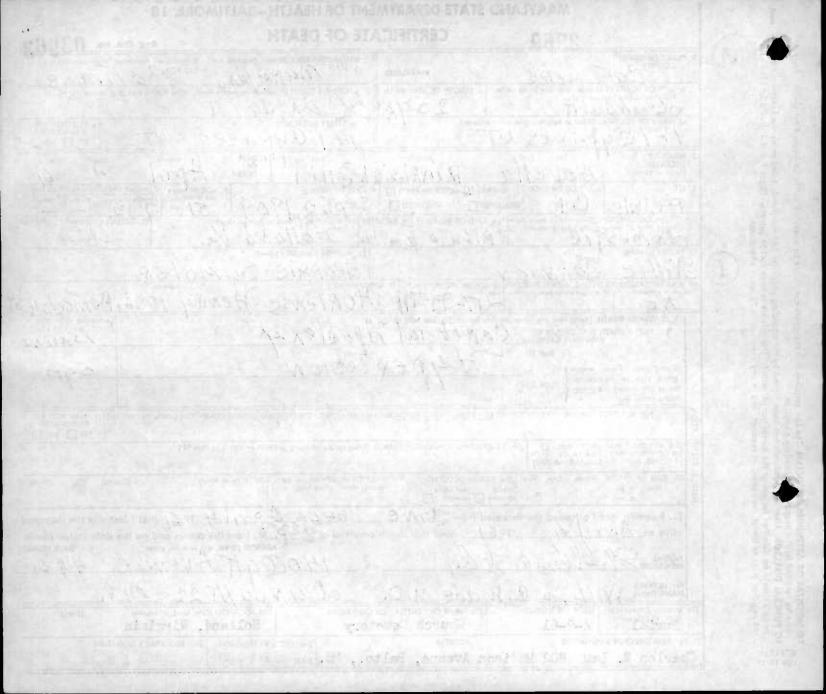
arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

within certificate

15M 10/57

Charles R. Law



FOR STATE DEPT.

TO DEPUTY MEDICAL EXAMINES: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate, writing a word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the funeral Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remarral, and in any event within 72 hours after death. VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3970

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03964 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (Where of or STATMARY Land	leceased lived. If institut b. COUNTY		
b. CITY OR TOWN and give nearest for	(If outside corporate limits, write		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Catonsvil		RURAL and give	nearest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (I	f not in hospi	ital, give street address)	street Address 43 Wade At			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	John		OWEN	HITON 4. DA	ATH Coful	17	Yeor 19 Gy
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED		2241902	9. AGE (in years but birthday) 59 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT during most of work Transi		lane 10b, Kit	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore	ign country)	U.S.	PE WHAT COUNTRY?
13. FATHER'S NAME Thomas	O. Hilton			14. MOTHER'S MAIDEN NAME Rachel Ewald			
15. WAS DECEASED &	VER IN U. S. ARMED FOR (If yes, give wor or dates of a	atvice)		NFORMANT Irs Myrtle H. Hi	Address Lton 43 Wade	e Ave-28	- Md.
Canditions, if gave rise to imm (a), staling the cause fast. PART II. O	underlying DUE TO (c).	(2)	STRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	EN IN PART 1(0)	IP. WAS AUTOPSY PERFORMED? YES NO
PART II. O 200. EXTERNAL C PRIMARY OF CAUSE OF DEATH 20c. TIME OF INJ Hour o. m p. m	URY Month, Doy, Yeo	r 20d. IN	IJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, ory, street, affice bldg., etc.)		(County)	(State)
			emains described obcourses Accident	we, held on Autopsy, Suicide, Homio	cide Undeter	Inquiry Examined mann	
220. BURIAL CREMAT REMOVAL ISPECIA DUTIAL 22. JUNERAL DIRECTO	P'S SIGNATURE	61	Loudon Park ADDRESS derick Road				

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

M). PLACE OF DEATH C. COUNTY Baltimore County MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY BALTIMORE
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland C. LENGTH OF STAY IN 18 49EARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 ALTIMORE CITY 3 V (1)
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) MCR INSTRUCTOR State Hospital	d. STREET ADDRESS 3609 DUDLEY AVENUE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) CARROLL , PETZ	R HOBBS DEATH APRIL 7 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) 13 A KERYSALES MAIN 10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI DESTRUCTION OF BUSINESS OR INI	AND BALTIMORE MY, USA
T	13. FATHER'S NAME HOBRS	14. MOTHER'S MAIDEN NAME MADY GRIMES
1		INFORMANT Address
	(Yes, no, or unknown) (If yes, give wor or dates of service) 212 - 10 -6430 I	Hospital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary	y duberculosis 9 searce
	DUE TO	
	Canditions, if any, which) (b)	
	gave rise to immediate DUE TO	
	lying couse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	200 ACCIDENT WAS LINDERLYING TO 200 DESCRIBE HOW INTURY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Line Holde of Hijer) in roll 13. 75. 1. 1. 1. 1. 1. 1. 1.
	Hour a.m. While Not while	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City ar town) (County) (State)
		n_ 1/20 1956 to 4-7 196/, that (1) (we) last
	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on	t death accurred at 575 M, from the causes and on the date stated above.
	220. SIGNATURE	22b. DATE
	Menzemen	M.D. PHYS. MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Wm. Newcomer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
1	230 BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS (REMOVAL (Specify) 4-11-6/57. MAR	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
}	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	O D 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	L.J. Kuch, Inc - 3 303 Hash	Ord Re DATE APR 10'61 ariling S. Kraus
	per lamolo	

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1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
		5 3972 CERTIFICATE OF DEATH	03966
funer	VI	1. PLACE OF DRATH 8. COUNTY 9. STATE MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Reside e. STATE b. COUNTY	nce before edmission
by the and 2 r death.		b. CITY OR TOWN (if outside corporate limits, write RURAL end give write	neerest town)
filled ir Pages urs afte	00%	d. MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) House in Tones 16 testing and 36 Williams	ON A FALM?
pletely papers. 72 ho		3. NAME OF DECEASED (Type or print) OF DEATH OPTIL 16	Y Yeer 19
arbon p		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Last, birthdey) WIDOWED DIVORCED 1898	
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ph le r	T	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. MOTHER'S MAIDEN NAME	,
attending Then pleas val, and in	T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive were detes of service)	·k
cian. by the ermit.		PART I. DEATH WAS CAUSED BY	NTERVAL BETWEEN ONSET AND DEATH
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Arrier th stached of Healt		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)	(Stete)
TOR. d be de		21. I certify that (I) (this hospital) attended the deceased from January, 1960, to At 1911, 1961,	
may by DIREC 3 should be State		saw the deceased alive on	22b. DATE SIGNED
Page 4	1	22c. PHYSICIAN'S NAME (Type) GEORGE A. KNIPP 416 Edmondson Ave	1/22 51-74
death. Participation of FUNE director, the filed v		23a BURIAL, CREMATION, 23b. DAYE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 4/10/6/2007	n Time
VR A15 (4) 15M 9/60	20	23 FONERAL/DIRECTOR'S SIGNATURE SAPORESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN DATE APR 1 0 '61 Cultury &.	

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYL PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Baltimore MARYLAND Maryland the 12 death. and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) þ write RURAL end give neerest town) Fort Howard 28 hrs 15 min. .5 after Baltimore Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours YES NOW Veterans Administration Hospital Eastern completely papers. NAME OF DATE Yeer 72 DECEASED OF BUSTER HOWARD (Type or print) DEATH APRIL 1961 withi carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday Months physician and Male WIDOWED T DIVORCED 18. 1916 certificate 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) House Painter Painter Lexington, Alabama U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please attending r James Howard Susan (Maiden Name Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) (Ifyes give wer or detes of service) WW PL 28 524-01-2630 Clin. Records. VAH, Balto. Md. Ft. Howard Div. the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] physician. þ CHIEF AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE RIGHT RECENT IMMEDIATE CAUSE (a) signed burial-transit DUF TO ESSENTIAL HYPERTENSION UNKNOWN attending Conditions, if any, which peen geve rise to immediate causa XXXX (e), stating the underlying certificate has UNKNOWN BRONCHOPNEUMONIA. RECENT 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? as X NO P prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stata) 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or town) factory, streat, offica bldg., etc. Hour a.m. While Not While at work et work 21. I certify that (4) (this hospital) attended the deceased from APT11 4 DIRECTOR 1961 April saw the deceased alive on April 51901...., and that death occured 3:30PM from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. K 4/6/61 PHYS. O HOSPITAL death. Page 4 page with th PHYSISIAN 22d. ADDRESS NAME (TYPE VAH, BALTIMORE, MD. FT HOWARD DIVISION PHOMAS F. CRAHAN. M.D. filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 等 毒 RALTIMORE NATIONAL BALTIMORE 28, MARYLAND BURTAL. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Kraus 15M 9/60 DATEDR 1 0 '61 Wm. Cook Blight. Inc. 6009 Harford Rd. Balto. Md.

ero to ac . the Ct arm of LYZEROH VIOL MINER THE WORLD BEAUTIFUL THE METALE of the cold on the cold at the cold of the cold 1918 Fig. 1. Edward Falmator - 11 Total Falmator - 11.5.1. Fully off English will instell of Party and Party and State of the Party and the Party and Par THE CHOICE THE SEE , SECRETARION OF THE SERVICE to a live of the state of the s COUNTY OF THE PARTY OF THE PART TOLERVIE GRANDE IN . OF CHICAGO DAVIDADE a. I. ke, namelo a reaktier CLAUSIAN RES ENCYTONES TO THE PROPERTY OF THE

The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. Page 4 may be retar. TO FUNERAL DIRECTOR: TO HOSPITAL VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Items I & Z Film G	200 5/4/61	LWK		0000
1. PLACE OF DEATH COUNTY Baltimore County	2. USUAL RESIDENCE (V	here decessed lived, If		
Anne/Arundel/County MARYLAND	Maryland, An	b. COUN		Co
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs		RURAL and give n	reerest town)
write RURAL end give neerest town) Arbutus	X Arbutus	*		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
1713 1741 con America N (N//da/	2116 771114			ON A FARM?
1/13 Wilson Avenue, A/A//Co/	3116 Hilltop A	AV.,	Day	Year
DECEASED		OF		
(Type or print) Fannie J. Howard		DEATH 4/25		19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	/30/1878	83 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & S	stete, or foreign country)	12. CITIZEN OF	F WHAT COUNTRY?
Housewife	Virginia		U.S.A	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMI		0.0.A	•
John Doffmyer	Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		Address		
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	s. Edna Hill, 31	16 Willton	Azz	
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	. Edila Hill, Ji	tio militop		ERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	1 1:1/2	D.w.		SET AND DEATH
IMMEDIATE CAUSE (0) COLIONOSCEER QUE	e conscio vascii	an sister	2.0	7425
4 d d d DUE TO O O O O O	1 10-	1. 1		9
Conditions, if eny, which) (by Balance of Serve	eralized aix	enoschen	R315)	7 yes.
geve rise to immediate ceuse				
(e), stering the underlying				
(c)	OT BELATED TO THE TERMINAL D	ISEASE CONDITION GIV	EN IN DART I(a) I I	WAS ALITOPSY
Farking our Disease due to	P D D T	, CONDITION GIV	Cit list Akt (fe)	PERFORMED?
5 /arkentons fixease aux bl	D 000 D (cosclus	15 Y	res No M
ZOO, ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I	or Pert II of item 1B.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
		Of. (City or town)	(County)	(Stete)
A Hour a.m.	tory, street, office bldg., etc.)			
	Alexander 111	- F (860. P.	25.61	40. 4. 3.4
21. I certify that (I) (this hospital) attended the deceased from.		/\		hat (I) (me) last
saw the deceased alive on Resident 22 19.6.1, and that	death occured at J	from the causes	and on the da	
220. SIGNATURE	ATTENDING MED.	STAFF	-1	22b. DATE
1. Cather Ossfrer M. M			7/	26/61
22c. PHYSICIAN'S	22d. ADDRESS	2-1	. 000	Balto-7
NAME (TYPO) C. HRTHUR ROSSBERG	MI) 2436 WI	45HINGTOI	SECOT.	Mid.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, to	vn or county)	(State)
REMOVAL (Specify)		Anne Arundel		
Burial 4/28/61 Meadowridg	55	REGISTRAR 25b. REG		TI IDE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
Wm. Cook-Blight, Inc., 6009 Harford Rd. (14)	DATE MAY	1 '61	arthur S. H	Laste

should PHYSICIAN; The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR ATTEN 16 PHYSICIAN: The law requires that the death certificate be executed within 24 nours death. Page 4 may be retain by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()3969

3371			C. Durain			0000	U
1. PLACE OF DEATH		11 2	2. USUAL RESIDENC	E (Where deceased		Residence befor	e admission
a. COUNTY Baltime	200	MARYLAND	a. STATE Mo	1	b. COUNTY	Baltim	ore
b. CITY OR TOWN (if outside		NGTH OF STAY IN 16	c. CITY OR TOWN (II	outside comparate li	mits, write RURAL		
write RURAL and give need			V ~ :	4.4	mino, mino nome	and give nearest	,
Parkville			* Parkvi	lle			
	STITUTION (if not in hospital, giv	ve street eddress)	d. STREET ADDRESS	. 1	0 1		RESIDENCE N A FARM?
2529 (anti	erbury Road		12529 (an	terbury	Road	YES [ON ON
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Y	ear
(T	nusta	(lobkins	DEATH	11-211-	1	961
	R OR RACE 7. MARRIED THE	EVER MARRIED B.	DATE OF BIRTH	9. AGE	(In years IF UNDE		DER 24 HRS.
1 1 1			1	last b	Months Months	Days Hours	Min.
temale who usual occupation (Give	te WIDOWED	DIVORCED (Jan. 1, 10	00 /3	yrs.	CITIZEN OF WHA	T COLINITO
Igne during most of working life,	even if retired)	BUSINESS OR INDUSTRY	II. BIRTHPLACE (Count	y & State, or foreign	country) 12.	LICA	COUNTR
housewite			Germany			USA	
B. FATHER'S NAME		1-	4. MOTHER'S MAIDEN I	NAME			
August Tem	plin	A CONTRACTOR OF THE PARTY OF TH	Wilhelmi	na	(Unknow	un)	
. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. INI			Address		
es, no, or unkown) (Ifyesgivew	raror dates of service)						
1 10 CRITICE OF DERTH I	nter only one cause per line for (a	-) (1)				INTERVAL	DETW/EEN!
PART I. DEATH WAS C.			1			ONSET AN	D DEATH
IMMEDIA	E CAUSE (a) AZOZ	Emia, A	cute, SE	rere		241	Hrs.
334 X	DUE TO						
Conditions, if any, which) (b) Com	a Deep				36 H	trs
geve rise to immediate cause	DUE TO	77		(c.	c. 5.11 w		
(e), steting the underlying cause lest.	Arterio	oscleracio	Generali	zed Car	-charles	->2/2/	nos,
	ANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT	ELATED TO THE TERMIN	IAL DISEASE COND	THE STATE OF THE PARTY OF THE P	ART 1(a) 19. WA	SAUTOPSY
PART II. OTHER SIGNIFIC T) Arthrite 20a. Accident was under or contributing Club (IF Either, Notify Medical)			200	L:4: 00.	7.	PER	FORMED?
T/ Arthuiti	severe, esp		ELL DECAL	siii sev		+1 PIES	NO
20a. ACCIDENT WAS UNDER	OF DEATH	OW INJURY OCCURED (E	Effter æfture of injury in F	art I or Part II of iter	n 18.)		
	EXAMINER)						
	onth, Dey, Yeer 2Dd. INJURY		OF INJURY (Home, farm		(n) (C	County)	(State)
Hour e.m.		of While factory	y, street, office bldg., etc.				
	.,		diel	1061 11	123	10/1 1 . (1)	
	this hospital) attended th						
saw the deceased alive	on4./.2.3	.19	leath occured at	M, from the	causes and or		
220. SIGNATURE	V12 1		ATTENDING	KED ST/	AFF		2b. DATE
> dwar	1 IV. mos	M.D.		RECTOR PHY		24 Apr	1161
22c. PHYSICIAN'S			22d. ADDRESS		. 0	2 11	. 7
NAME (Type) Ed	ward L. Y. N	10/2 M.D.	7425	Harror	d Kl.	150/to.	14 m
3e. BURIAL, CREMATION, 23b	DATE THEREOF 23c.	NAME OF CEMETERY OR	RCREMATORY	23d. LOCATION	(City, town or co	unty)	(State)
REMOVAL (Specify)							(State)
burial	1-27-1061 11-	inaland Man	- Park	Ra/1:	nana M	1	(State)
		reland Men			nore, M	d.	(State)
4 FUNERAL DIRECTOR'S SIGNA		ADDRESS		Baltin D BY REGISTRAR	none, Me 25b. REGISTRAR	d.	(State)
Leonard J. 1	TURE /	preland Men ADDRESS Litord Rd.				s SIGNATURE	(State)

· · +17-48 Jan 1980 1982 1985 24 6622 Azantania Azerte Serere Come Lay 244 46 Actions cleroses bearinghied (Children) 428 Res. if the the state down and hip the second which the second with the second secon 1/10/ 1/23 TOLER SECTION OF THE SECT Estimated the second of the se Edward & & Moto M. D. T. D. S. Harter & Ed. Buller 14 Mill Decreased for the engineering of the following the second of the second

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and completely filled in by the fune carbon papers. Pages 1 and 2 should 1, within 72 hours after death. TO HOSPITAL OR ATTEND 19 PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 1997 3976

1. PLACE OF DEAT a. COUNTY	H		2. USUAL RESIDE	NCE (Whare dacas:			ca bafore admission)
Baltimo	re	MARYLAND	a. STATE Maryl	and	b. COUNT	Υ	
	(if outsida corporate limits,	c. LENGTH OF STAY IN 16	V	(If outside corporate	limits, writa	RURAL and giva	naarast town)
Fort Ho	d giva nearest town)	83 days	Balti	momo		RVO	1-4
	ITAL OR INSTITUTION (if not i		d. STREET ADDRESS				a. IS RESIDENCE
							ON A FARM?
	s Administrati			ladison Av			YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yaar
(Typa or print)	ARTHUR	R.	JOHNSON	DEATH	Apri	1 11	19 61
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED B	. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Negro WID	OWED A DIVORCED	January		5 уга.	Months Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work 1	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Con	unty & State, or fora	gn country)	12. CITIZEN C	F WHAT COUNTRY
Iaborer	orking lifa, aven if retirad)	Construction	Reltin	ore, Mary	hand	11 0	5.A.
13. FATHER'S NAME		Constituecton	14. MOTHER'S MAIDE		Torre	0.1).A.
	v. 1						
	y Johnson		Fanny G	rant			
	VER IN U.S. ARMED FORCES? (Ifyasgivawarordatesofsarvica				Address		
Yes	WW I	218-07-5865 Cli	in.Records,	VAH, Balt	o. Md.	Ft. Hov	vard Div.
	DEATH [Enter only one cause	par line for (a), (b), and (c).]				IN	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PULMONARY CONGES	STION AND ED	EMA RECEN	T	1	INKNOWN
47	O M DUE TO						
Conditions, if an		CHRONIC PYELONER	HRTTIS			τ	INKNOWN
gave rise to immed	diata causa	OILLOILEO A ALAMANIA					
(a), stating the	undarlying DUE TO	A DUIDITOCAT EDOUT	שיבות התאמוו ו	A CTD		1	INKNOWN
causa last.) (c)	ARTERIOSCLEROTIO					
PART II. OTHE	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE CON	IDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
No.							YES X NO
OR CONTRIBUTING	VAS UNDERLYING [] 20b. G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury i	n Part I or Part II of	tam 18.)		
ZOc. TIME OF INJ	URY Month, Day, Yaar		CE OF INJURY (Homa, fa		town)	(County)	(Stata)
ZOc. TIME OF INJ Hour a.m.	19	at work at work	tory, street, offica bldg., a				
21. I certify	that (h) (this hospital)	attended the deceased from	January 18				that 🔥 (we) last
saw the decea	ו ביד רגע	. 11 19.61, and that	death occured and	ODEM from th	e causes a	and on the d	ate stated above
22a. SIGNATURE	0//	1	/	co			22b. DATE SIGNED
	Momas	I Machan M	ATTENDING PHYS.		STAFF PHYS.	4/12/	
22c. PHYSICIAN'S	5	Car and in	22d. ADDRESS			1,100	0.1
NAME (Type	" THOMAS F. CR	AHAN, M. D.	VAH, BALI	IMORE, MI	FI	HOWARD	DIVISION
225 RUDIAL CDEMA	TION, 236. DATE THEREOF	123c. NAME OF CEMETERY		23d. LOCATIO			(State)
REMOVAL (Spacify	1 4-17-6	. 1	IONAL	BALTIN			
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		EC'D BY REGISTRA	R 256. REG	ISTRAR'S SIGNA	TURE
****	To alama T	Hama 2011	DATE	APR 1 4 '61	a	thun S. Kra	wa.
William A.	Jackson Funer	ral Home, 3814 Bon	1121 11/1				
		Baltimor	e, Md.				

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ALTON MOESTING

muse of notified (Sill Section) and three shift has correctely

ARRIAGE E.E.

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Jaiera vans F

and -0,-5005 Chartegoren, Vair Indio. Va. 15. lowers its.

MENANTIC TANCHE COURSE (CHECKING)

Marin and Commercy to discount to the special at the special state of th M9-018 V

The state of the s TICKER F. CIVILLY, M. D. VAR, BUILDING, RD. - WE HOLLING DIVISION

1411/cm A. Jackson Faneral Moda. 7814 Domier Ed.

YEAR SHOTHOUS HATTORES . BALDINOUS ST. IN BYLLIND

TO HOSPITAL OR ATTEND 4 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 02074

Item 14 Film G285	4/27/61 iwk		19:44
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where da		dence before edmission)
Baltimore MARYLAND	a. STATE Md	b. COUNTY Bal	timana
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	prete limits, write RURAL and g	ive neerest town)
write RURAL and give nearest town)	X n 1 . 11		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d STREET ADDRESS		e. IS RESIDENCE
2/47 (1) 1	1		ON A FARM?
201/ Canterbury Road	1 2617 (anterb	ury Road	YES NOXX
3. NAME OF First Middle Middle	OF Last OF	Month	Dey Yeer
(Type or print) Dertha III.	Johnson DEATH	April 19	th, 19961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YE	
emale white WIDOWED DIVORCED DI	8-6-1900	(A) yrs. Months Day	ys Hours Min,
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST		foreign country) 12. CITIZE	N OF WHAT COUNTRY?
done during most of working life, even if retirad)	1/: : . : -	110	1
housewife osaleslady Dept. store	1 14 MOTHER MAIREN NAME	US	71
11.11.	THE MENT WATER THAT		
William Bromwell	Leanor unkno	wn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	INFORMANT	Address	
219012470 8	Usworth D. John	son same	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0 0	1012	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary	Thromkosis		Tun adiata
11001	(2021)		The street of th
9201) DUE TO			
Conditions, if any, which geve rise to immediate ceusa			
(a), stating the underlying DUE TO			
ceuse last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	ONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
Obesity moderately were			YES NO
	D. (Enter netura of injury in Part I or Pert II	of item 18.)	
OP. CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, † 20f. (City	or town) (County	(Stete)
O Hour e.m. While Not While	ctory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended the deceased from.	30 July 1952, to.	19 April 1961	., that (I) (we) last
saw the deceased alive on 8 A.P. 1.1	t death occured at 11:40M, from	the causes and on the	date stated above.
22e. SIGNATURE			22b. DATE
Edward of Malin .).	ATTENDING MED.	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S	22d. ADDRESS		4
NAME (Type) Edward L. J. Molz, M.	D 7425 Hark	ord RA Ra	1to 14 Md
		ATION (City, town or county)	(Stata)
REMOVAL (Specify)	236. 1007	1, · 1	(Siaia)
	metery Da	timore, Ma.	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 11 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RAR 25b. REGISTRAR'S SIG	
Leonard J. Ruck 5305 Harford Road	#74 DATE APR 24	61 arthur S.	Thomas .

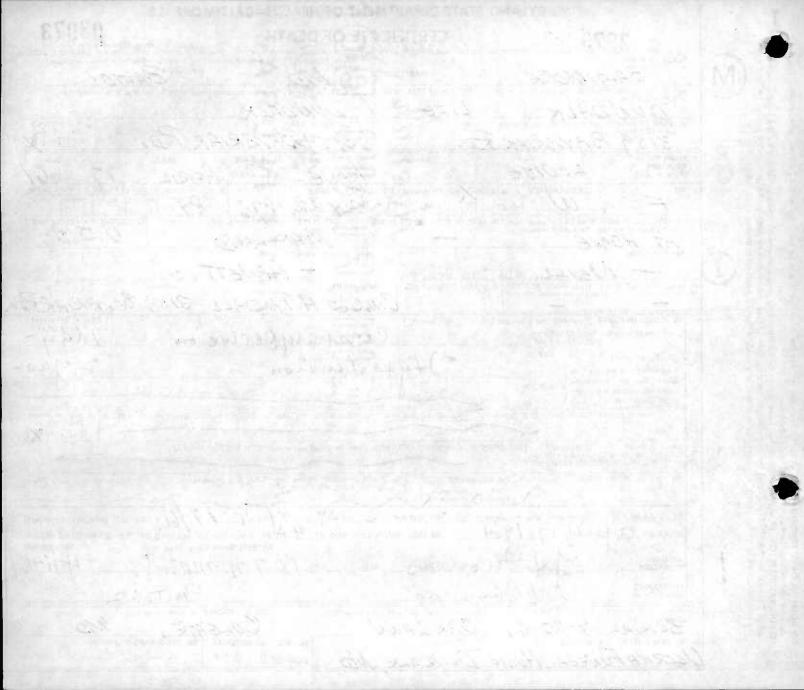
15 a 3 Med Selles and Commence (See Selles 1997) of the second of The state of the s Andrew School Company (1) moseum symmetric of the particular symmetry the short the man the same of admin some The state of the s The second secon Expended to Mere Mere That Harrised Tables Bills willed personal control of the second control of the contr Laboured V. Friend of the force to the Fig. . The second of the second of the

VR A15 (4) 15M 9/59

0	230. BURIAL (CREMATION, REMOVALO(Specify)
81	24. FUNERAL DIRECTOR'S S

1. PLACE OF I		Baltimore		MARYL	AND	2. USUAL RESII a. STATE	Mary!		l lived. If institu b. COUNT	MANA	e before or	LINGE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
KOKAL O	Catonsville lh days										45	X - 2
d. NAME O	F HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS	W. San	20.00	113 5		RESIDENCE
SPRIN		OVE STATE	HC	SPITAL		31	Sixtl	a Aven	ue -Bal	to. 25		S NO
3. NAME OF		Fir	st	Middle		Los	r	4. DATE	Mo	nth	Day	Yeor
(Type or print)		Cli	fton	1		Johns	on	OF DEATH	Apı	ril	5	1961
S. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	B 🗓 C	. DATE OF BIRT			9. AGE (In years lost birthdoy)		-	INDER 24 HRS
male		white	WIDOW	/ED DIVORCED		Februa	ry 15.	1895	66 yrs	. Months	Days Ho	ours Min.
10a. USUAL O	CCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OR	INDUS	RY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CITI2	EN OF WH	AT COUNTRY
	lesma	ng life, even if refired	'				Marv	hand		II	9 /	1
13. FATHER'S N			-			14. MOTHER'S	The state of the s					1.0
	unkno	wn					unkr	าดพท				
IS. WAS DECE	ASED EVER	IN U. S. ARMED FOR		. SOCIAL SECURITY NO.	17, IN	ORMANT	CCIII	101/11	Ad	dress		
(Yes, no, or unkno	wn) [I	f yes, give war or dates of s unknown		16-09-3561	Po	cords:	SPRTI	מים מו	OVE STA	one m	CDTM	т
Army	E OF DEAT			ine for (o), (b), and (c).	1 ne	corus:	OPTIL	VG GR	UNE DIE	LIE AL	SPIT	L BETWEEN
Condition	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PRATT I. DEATH WAS CAUSED BY: Arteriosclerotic Generalized arte						lar di	SeaSe				
	ise to in), stoting t use lost.				84							
Z PA	RT II. OTH		·	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION G	IVEN IN PART	1(o) 19. V	AS AUTOPSY
SATI				Malnutrit	ion							ERFORMED?
OR CONT	RIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OC	CURRED	. (Enter noture c	f injury in I	Part I or Part	t II of item 18.)			9.50
V 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work of work 19					(Stote							
		t (I) (this haspita ed alive an Ar		ded the deceased to 5 19 61 and				61, ta M, from	April 5			(I) (we) las
22o. SIGNATURE 22b. D.						22b. DATE SIGNED						
22c. PHYSICIAN'S NAME (Type) Stella Wachsler M. D.						22d. ADDRESS SPRING GROVE STATE HOSPITAL Catonsville 28, Maryland						
230. BURIAL REMOVAL	REMATION O(Specify)	N, 236. DATE THEREC		23c. NAME OF CEME	TERY OR	CREMATORY		23d. LOCAT	HON City, 19 Wh	or country		(Stote)
24. FUNERAL C	DIRECTOR'S	SIGNATURE 130 G	For	ADDRESS .			25a. REC'	D BY REGIST	7.	SISTRAR'S SIC		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) direct filed a. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by YES | NO 1 2. NAME OF DATE Middle Month Day Year filled DECEASED 40015E ages (Type or print) DEATH 19 (6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF SIRTH Months Days Hours camplet WIDOWED [DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and pou after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME car physician remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT Address 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work p. m. 21. I certify that I attended the deceased fram mach Lithat I last saw the deceased and that death occurred at 4AM, from the causes and an the date stated above. alive an_C may be retained by the DECTOR: ACTUAL pe prior SIGNATURE 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) he 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirthur S. Krous VS A15 (4) DATE 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH 3980 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02074

CERTIFICATE OF DEATH U3914								
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)								
a. COUNTY Baltimore MARYLAND G. STATE Maryland b. COUNTY								
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)								
Catonsville 28 lyr 3 mos + Baltimore 3/01-4								
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM?								
SPRING CROVE STATE HOSPITAL 10 E. Gittings St.								
3. NAME OF First Middle Last 4. DATE Month Day Year								
OF DECEASED (Type or print) Anna Rose Karn DEATH April 28 19 61								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
Female White WIDOWED DIVORCED 7/3/1889 last birthday) Months Days Haurs Min.								
10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign caunitry) 12. CITIZEN OF WHAT COUNTRY?								
Sewing Maryland U.S.								
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
Unknown Coerree Karn Unknown Mary Velte								
15. WAS DECEASED EVER IN U. S. ARMED FÖRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or doles of service) Address								
Unknown - RECORDS: Spring Grove State Hospital								
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage								
331X DUE TO								
Conditions, if any, which Cerebral arteriosclerosis								
gave rise to immediate DUE TO								
lying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Diabetes								
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)								
Haur a. m. While Nat while factory, street, affice bldg., etc.) p. m. 19 at wark at wark								
21. I certify that (I) (this haspital) attended the deceased from 11/25 1961, to 11/28 1961, that (I) (we) lost								
sow the deceosed olive on 1/28 19 61, and that death occurred of 1. M, from the causes and on the date stated above.								
22a. SIGNATURE 22b. DATE								
Aretta Hou M.D. PHYS. MED. STAFF PHYS. 4/28/61								
22c. PHYSICIAN'S 22d. ADDRESS								
NAME (Type) Loretta Hsu M.D. Spring Grove State Hospital								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)								
REMOVAL (Specify) 5-1-61 LOUDON PK Con Butto 29 140								
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J & 4 250. REC'D BY REGISTRAR'S SIGNATURE								
mc Cully Lucial Idenes 130 E fort and DATE MAY 1 '61 Chilling S. Thrones								

HEALTH O DEMINATED TAIR DESIGNATION OF THE BLITCH OF THE B 11/20 and the state of the state of the state of Lade Hora indicate of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3981

CERTIFICATE OF DEATH

Reg. Dist. No. 3975

	PLACE OF DEATH	D 17 1		2. USUAL RESIDENCE (W	here deceased lived. If insti		before admission)	
		Dallimor	C MARYLAND	Mary	landcom	Bal	Timore	
	b, CITY OR TOWN (IF RURAL and give peg		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN(IF	outside corporate limits, write Maysh	te RURAL and giv	e nearest town)	
	d. NAME OF HOSPITA	L (tf not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
	IVY Ha	Il Nor. Hom	e	Box 20	5 Ked Lion	Rd	YES NO	
	NAME OF DECEASED (Type or print)	First	Middle	Keithler	4. DATE OF DEATH	Month /	Day Year 2/, 196/	
5.	Male	6. COLOR OR RACE . MAR White WIDOW	THE CONTRACTOR OF THE CONTRACT	8. DATE OF BIRTH / Nov, 26, 187	9. AGE (In yellast birthdo	y) Months D	YEAR IF UNDER 24 HRS ays Hours Min.	
100	. USUAL OCCUPATION	(Give kind of wark dane 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e or foreign country)	12. CITIZE	N OF WHAT COUNTRY	
	Proprie		Grocery Store	Harfor	rd Co. Md.	U	SA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Jo	nathan. Keithl	ey	Anna	E. Cullum			
15. (Ye		IN U. S. ARMED FORCES? 16.	. SOCIAL SECURITY NO.	INFORMANT	, , , , , , , , , , , , , , , , , , ,	Address		
	No	21	5-32-9106 Ch	as. S. Keith	ley Box 205	White Ma	rsh, Md.	
	18. CAUSE OF DEAT	H [Enter only one couse per l	ine for (o), (b), and (c).]				INTERVAL SETWEEN ONSET AND DEATH	
	PART I. DEATI	H WAS CAUSED 8Y:	Acute Pulm	nomary co	doerma		ONSET AND DEATH	
	4500 DUE TO							
	(Conditions, if ony, which) a Generalized arterios clerals							
	gove rise to im couse (a), stating th		, 3					
	lying couse lost.	(b-	hremia		THE PROPERTY.			
CATION	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?	
SAT	15	senion Hy	pertrophy	of prosla	۹.		YES NO	
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. Enter noture of injury in	Part I or Port II af item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a.m. While Not while at work of twork of two							
	21. I certify that attended the deceased from 3/4 , 19/6/, to 4/15 , 19/6/, that I last saw the deceased							
	alive an 415, and that death accurred at 2 43AM, from the causes and an the date stated abave.							
			_	4/21/61	ADDRESS (Street, city or to		DATE SIGNED	
	ACTUAL SIGNATURE	samuel S	ten	M.D.	- Ridge Ro	1. Ba	11, - ou 6.	
	PHYSICIAN'S NAME (Type)	SAMUEL	STERN				· · · · · · · · · · · · · · · · · · ·	
220		, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, tow	n, or county)	(Stote)	
	REMOVAL (Specify) Burial	11-211-1967	Bakers C	Cemetery		een. Md.		
23.	EUNERAL DISECTOR'S	the state of the s	ADDRESS	U		EGISTRÁR'S SIGN	ATURE	
Ka	ssalus ten	unalitome	7401 1301	DIS (MI DATEP)	R 2 4 '61 O	athur & the	alle	

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No. No. No.	The second second		ADIL NE NOO	
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	and the second		- 1	
		Pa _b		

• ATTENDING PHYSICIAM DR HOSPITAL: The law requires that the death certificate be executed within 24 hours. The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

CO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transfer permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03976

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
county Baltimore Maryland	STATE Md. COUNTY Baltimore					
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL end give nearest town)					
OR end give nearest lown) TOWN Rural Stevenson (in this place) Lifetime	or TOWN Stevenson, Md.					
HOSPITAL OR	STREET (If rurel give location)					
INSTITUTION OR STREET ADDRESS	ADDRESS					
	Keller Road					
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)					
(Type or Print) Harry Hamilton	Keller DEATH April 21. 19 61					
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	TE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS					
Male White Widowed, Divorced, (Specify) Married Mar	ch 12,1896 65 yrs. Months Days Hours Min.					
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS C	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
done during most of working life, even if refired) Plumbing Harry H. Kelle	COUNTRY?					
13. FATHER'S NAME	Stevenson, Md. U.S.A.					
Jackson E. Keller	Ida Merrick					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS Stevenson, Md.					
No None 216-05-9057	Mrs.Mary Ethel Keller, Keller Rd.					
18. MEDICAL C	ERTIFICATION INTERVAL BETWEEN					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH					
IMMEDIATE CAUSE (A)	no pervale 3 years					
ANTECEDENT CAUSE(S) DUE TO	- 411 7					
DISEASES OR CONDITIONS, IF ANY, (B)	, to one in. 2 years					
GIVING RISE TO THE ABOVE CAUSE DUE TO						
(C)						
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING DEATH.						
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory,	YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not white	21f. HOW DID INJURY OCCUR?					
M. et work et work						
22. I hereby certify that I attended the deceased from Paris	8 19 S, to Usa . 21 , 19 6 , that I last saw the deceased					
	Lat. 9. M, from the causes and on the date stated above.					
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED					
House It quite	LENS TO PI QUE TO THE BEST OF THE PERSON OF					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county) (Stete)					
REMOVAL (SPECIFY) 1961						
Burial April 24. Druld F	Ridge Cemetery Pikesville, Md.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS					
DATEDR 25 '61 Cilium & Krista	Myenk It. Mouse V. Dearill.					

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CERTIFICATE OF DEATH

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			OTHER DESIGNATIONS					
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		202 12						

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Baltimore b. COUNTY e. STATE MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Fort Howard 41 Days Baltimore e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X East Veterans Administration Hospital Stree NAME OF DATE Month Yeer DECEASED OF **JAMES** W. KELLY 1961 April (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) Months Hours February 11,1930 Male WIDOWED DIVORCED White 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Timekeeper Steel Company Baltimore, Maryland U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Kelly Bessie Byrne Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes no, or unkown) (If yes give wer or detes of service Korean FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: FEW HOURS BRONCHOPNEUMONTA IMMEDIATE CAUSE (e) Conditions, if any, which geva rise to immediate cause (a), steting the underlying ULCERATIVE COLITIS MONTHS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While Hour a.m. et work et work to. April. 27...., 19.61 that (1) (we) last ..., and that death occured at...p...M, from the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 220. SIGNATION ATTENDING STAFF DIRECTOR PHYS. PHYS. PRYSICIAN'S 22d. ADDRESS VAH, BALTIMORE 18, MD., FT. HOWARD DIVISION 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION.

New Cathedral Cemetery

DATE

ADDRESS

Leonard J. Ruck5305 Harford Rd., Balto. 14, Md

Baltimore, Maryland

258. REG'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

VR A15 (4) 15M 9/60

Test Design Transfer Transfer

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03978

1	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)							
	Balto. Marylani	o. STATE Md. Balto.							
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)								
	Randallstown	Owings Mills							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Liberty Road	Deer Park Road							
3	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF							
	(Type or print) Patrick Joseph	Kennedy DEATH April 7, 19 61							
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months I Days House Min							
	Male White WIDOWED DIVORCED	March 14,1893 (8 yrs. Months Deys Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Sun Cala Co.	Maryland USA							
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	Thomas Kennedy	Unknown							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address							
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 213-18-9050	Mrs. Gladys Johnson Owings Mills, Md.							
=	1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	1 INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:								
	IMMEDIATE CAUSE (6) COLORS (FEDERAL COLORS CAUSE (6) COLORS (6) CO								
	241 A DUE TO OU (C) Louis Horas to blog to blook to blog to bl								
	Gonditions, if any, which geve rise to immediate cousa (b) Will Valorular Heart Nicease								
	(a), stating the underlying DUE TO								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY								
- 3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO POR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
I CONTRACTOR OF THE CONTRACTOR									
		RED. (Enter natura of Injury in Part I or Part II of item 18.)							
1		PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)							
1	Hour a.m. While Not While at work et work	factory, streat, office bldg., etc.)							
1									
	21. I certify that (I) (this hospital) attended the deceased from 1900, and that death occurred at 1900, from the causes and on the date stated above.								
	222 SIBNATURE	22b. DATE							
	1- 0 9AIL - 1	ATTENDING MED. STAFF SIGNED							
	22c. PHYSICIAN'S	M.D. PHTS. DIRECTOR PHTS.							
	NAME (FINAL & MARTINE	Greda Stown The							
=	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)							
1	REMOVAL (Specify)	Chanita							
1		258, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE							
77 .									
_	4. F. Eline & Sons Reisterstown, Md.	DATE APR 12'61 Onthey & Know							

should PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR ATTENDED BY THE ADDITION. The law requires that the death certificate be executed within 24 hours death. Page 4 may be retain. If the hospital or attending physician.

TO FUNERAL DIRECTOR: And this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

Tarali da, 1 63 - A SHEDWAY Out the nec The office manages from the angle to the office of the control of I Open to water of and you Plante hand (Bellineer A THE STREET STREET STREET A Charles of the Commission of The state of the s

3985 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MARYLAND death. eral b. CITY OR TOWN (If autside carporate limits, write pe c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS OR INSTITUTION 016 NAME OF 4. DATE Middle Last filled DECEASED OF DEATH (Type or print) 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED Y DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY buriol 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) o 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Haur a. fl. foctory, street, affice bldg., etc.) While Nat white ot wark of work p. m. Po 21. I certify that I attended the deceased from and that death occurred at & ADDRESS (Street, city ar town, state) ACTUAL ploods PHYSICIAN'S NAME (Type) 22b. DATE THEREO 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) 15M 9/55 arthur S. Frank DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. b. COUNTY e. IS RESIDENCE ON A FARM? YES T NO P Day Year 196 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 192 ___that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

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	CERTIFIC	CATE	OF	DEATH

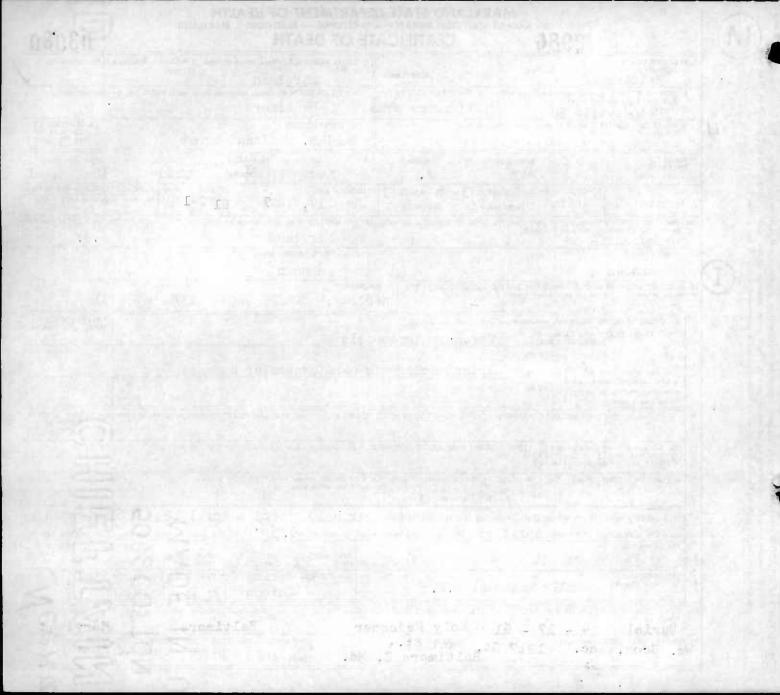
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1. PLACE OF DEA o. COUNTY Balt	тн imore		MARYL		o. STATE	NCE (Wh		l lived. If institut b. COUNTY		ce before a	dmission)
RURAL and g	WN (If outside corporate give neorest town) nsville 28	limits, write	c. LENGTH OF STAY II		c. CITY OR TO		utside carpor	rate limits, write	RURAL and s	jive nearest	town)
d. NAME OF H OR INSTITUT	IOSPITAL (If not in hospit TION				d. STREET AD		fman	Stroot			S RESIDENCE ON A FARM?
SPRIN	G GROVE STA	TE HOS	PITAL		टसस्म हा	HOL	Tugui	orree o		YE	ES NO
3. NAME OF DECEASED (Type or print)		First Ma ry	Middle A.		Koch	n	4. DATE OF DEATH	Apri		Day 12	Year 19 61
s. sex Female	6. COLOR OR RA		RRIED NEVER MARRIED	B.	June 17	, 187	_	9. AGE (In years Blosth I doy) yrs	Months		ours Min.
during most o	JPATION (Give kind of w if working life, even if re ewife	ork done 108 tired)	b. KIND OF BUSINESS OR	INDUSTR		CE (Stote		ountry)	12. CITI	ZEN OF WI	HAT COUNTRY
13. FATHER'S NAM	AE .				14. MOTHER'S M	AAIDEN N	IAME				
Unkn	ดพท				IInkr	nwon					
	DEVER IN U. S. ARMED	FORCESS II	6. SOCIAL SECURITY NO.	17 INISC	RMANT	201111		Ade	dress		
(Yes, no, or unknown)	(If yes, give wor or date	s of service)	o, social seconiti no.			SPRIN	G GRO	VE STATE		ITAL	SERVE S
1B. CAUSE O	F DEATH [Enter only or	ne cause per	line for (o), (b), and (c).]		WILL SELECT	10.50	43.0				AL BETWEEN
PART	I. DEATH WAS CAUSED IMMEDIATE CAUSED		Coronary Thr	ombo	sis					Oldael	AND DEATH
	A 5	E TO	-020200	0211200							
Condition	, if ony, which		Arterioscle	antia	aandia	70.001	land-	isassa		100	
	to immediate	1-1	WI CEL TOP CTET	.0010	Cararo	vascu	Tar u.	Toease			
	oring the under-	E TO									
lying couse		(c)									
ZO PART II VOILE V	I. OTHER SIGNIFICANT	CONDITIONS	S CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO 1	THE TERMI	NAL DISEASE	E CONDITION GI	VEN IN PAR	P	PERFORMED?
	NT WAS UNDERLYING DITING CAUSE OF DE OTIFY MEDICAL EXAMIN	20b. DE	ESCRIBE HOW INJURY OC	CURRED.	(Enter noture of	injury in f	Port I or Port	t II of item 18.)			
Hour o		Whil			E OF INJURY (Hery, street, office I			or town)	(<	County)	(State
			nded the deceased f					April 12			
22a. SIGNATU		Car	wachrle	_ M.	ATTENDING	ar Mi		STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIA NAME (T		Wachs	sler M.D.			s Spr	ing G	rove Sta lle 28,			L
23a. BURIAL, CREA	MATION, 23b. DATE TH	EREOF	23c. NAME OF CEME	TERY OR	CREMATORY		23d. LOCAT	ION (City, tawn,	or county)		(State)
Buria.	pecify) 4 - 15	7 - 61	Holy Red	deeme	r		Balt	imore			yland
wm. Coo.	ctor's signature	1217	St. Path St. Baltimore	2,	163		PR 18		Istrar's SIC		A

may be retained by the hospite attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in by the funeral direct page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayol, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PA VR A15 (4) 1SM 9/S9

SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE OF DEATH 23b#Film G286 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL end giva naarast town) 60 DAYS BALTIMORE FORT HOWARD filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X ACADEMY ROAD completely 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH KURAPKA April 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last birthday) and Months Car April 17, 1912 MALE WIDOWED [DIVORCED 10a, USUAL OCCUPATION (Giva kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or Igraign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, aven if retirad) U.S.A. Plymouth Pennsylvania Quality Control U.S. Navy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ affending and Peter KURAPKA Anna SUYETA WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass Then (Yas, no, or unkown) | (Ifyasgivawarordatesofservica) remova 8-30-28/8-29-31 184-12-1737

18. CAUSE OF DEATH [Enfar only one cause per line for (a), (b), and (c).] CLIN REC MD-FT HOWARD DIVISION the INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 Day g physic signed I GENERALIZED PERITONITIS IMMEDIATE CAUSE (a) burial-transit DUE TO PERFORATION OF STOMACH AND BOWEL 1 Day peen gava risa to immadiata causa DUE TO (a), stating the undarlying (c) CARCINOMA OF PANCREAS Unknown the his WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certifical 95 BRONCHOPNEUMONIA YES NO 1 prior use 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Pert || of itam 18.) for (IF EITHER, NOTIFY MEDICAL EXAMINER 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I factory, straat, offica bldg., etc.) While Not While at work et work DIRECTOR: 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR death. Page 4 page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH Balto 18 Md - Ft Howard Division Dohald W Stewart director, filed 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Baltimore National Baltimore Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Frederick Wade Ave VR A15 (4) DATEMAY 3 arthur & Kraas 15M 9/60 MacNabb Funeral Home Catonsville Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. NJ 3982

										-	
1. PLACE OF DEATH o. COUNTY	ltimore		MAI	YLAND	2. USUAL RESIDEN o. STATE	Maryla:			timo		
and give nearest tow	ort Howard	RURAL	c. LENGTH OF STATE		11	VN (If outside co	rporote limits, writ a.rd	RURAL and	give neares	fown)	
	old Noert			ess)	d. STREET ADDR		h Point	Rd.	(S RESIDE	RM2-
3. NAME OF DECEASED (Type or print)	Charles)	Middle		Labie	4. DATE OF DEATH	Mon	ril	Doy 19,	Year 19	61
5. SEX Male	6. COLOR OR RACE	7. MARRIED			Oct. 24,	1896	9. AGE (In years lass hirthday) 7 yrs		YEAR IF U		
100. USUAL OCCUPATI during most of worki	ON (Give kind of work d ng life, even if retired)	-	Army	RINDUST		(Stote or foreign sburgh			S.A.		NTRY?
13. FATHER'S NAME				1.50	14. MOTHER'S MAII						
	Joseph	Labi	е			Kuban					
15. WAS DECEASED EV	Army Ret	ervice)	13-28-77	- 1	Mrs. Emm	a Mlyne	Addres arski 5		rio	St.	Pi
Conditions, if gave rise to imme (o), storing the couse last.	diote couse	C	besi.	74							
ICATIO	HER SIGNIFICANT COND		11					IVEN IN PART	1(o) 19. W. PE YES [RFORMED	25
PRIMARY OF CO	• • • • • • • • • • • • • • • • • • •		1/01	10	nter noture of injury						•
20c. TIME OF INJU Hour e. m. p. m.		While	Not while	facto	CE OF INJURY (Home ory, street, office bldg), form, 20f. (Ci g., etc.)	ty or town)	(Coun	nfy)	(5)	ote)
	resulted from: N		/	_					-	and in	my
ACTUAL SIGNATURE	11112	20	aus.		M.D.	CAL EXAMINER [11/	DA	TE SIGNE	D
EXAMINER'S NAME (Type)	M. B. Dav	is, M	.D.			ICAL EXAMINER	/	7/2	1/6	/	
220. BURIAL, CREMATI	ON. 226. DATE THEREO	_	22c. NAME OF CEME Baltimor			1	ation (City, town derick		[d.	State)	
23. FUNERAL DIRECTO			ADDRESS			REC'D BY REGI	STRAR 246. REC	GISTRAR'S SIGN	NATURE		
JOHN J.	DUDA 7922	Wise	Ave. 22	2 , M	d. DA	TEAPR 25	61 4	rthur S. 1	Trava		

15 PARTE TO A TO A STATE TO A STATE TO A STATE OF THE ST

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3989

CERTIFICATE OF DEATH

Dist No ()3983

	2000						
o. COUNTY Ba1	timore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marv1an	here deceased lived. b.	If institution: Resider COUNTY Balti	nce befare adm	issian)
b. CITY OR TOWN (If RURAL and give nea Dunds		6 years	c. CITY OR TOWN (IF of Dundal)	ourside corpordre min	its, write RURAL and	give nearest to	wn)
OR INSTITUTION	L (If not in hospital, give Burnham Re		d. STREET ADDRESS 1732 Burn	ham Road	đ	ON	ESIDENCE A FARM?
NAME OF DECEASED (Type or print)	First FLOR	Middle MARIE	Larson	4. DATE OF DEATH	Month April	Doy 8	Year 1961
sex pemale		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 10,1	9. AGE last 1		Days Hour	-
Houser	ng life, even if retired)	e 10b. KIND OF BUSINESS OR INDI	Pennsy	lvania		USA	AT COUNTE
. FATHER'S NAME			14. MOTHER'S MAIDEN I				
	oh Christo		INFORMANT	erine Kel			
	yes, give wor or dates of service		J.B.Larson	88	Address ame as #	2	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which (b) mediate	cer line for (a), (b), and (c).] Ca of Uteru	s with meta:	stisis (generali	INTERVAL ONSET AN	D DEATH
Conditions, if any gave rise to im cause (a), stoting the lying couse last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate (b) ne under (c) ER SIGNIFICANT CONDIT	Ca of Uteru				ONSET AN	S AUTOPSY
Conditions, if any gave rise to implement the codes (a), stoting the lying couse lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MARKET)	H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Out To O	Ca of Uteru	IT NOT RELATED TO THE TERM	INAL DISEASE COND	DITION GIVEN IN PAG	ONSET AN	2yr
Conditions, if any gave rise to im cause (a), stoting the lying couse last.	H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO DUE TO (b) DUE TO (c) CAUSE OF DEATH Manth, Day, Year	Ca of Uteru TONS CONTRIBUTING TO DEATH BU Prthroid b. DESCRIBE HOW INJURY OCCURR 20d. INJURY OCCURRED 20e. F	IT NOT RELATED TO THE TERM	Part I or Part II of ite	OITION GIVEN IN PAG em 18.)	ONSET AN	2yr
PART I. DEATH Conditions, if any gave rise to im cose (a), stoting th lying couse last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY Manney or m., p. m. 21. I certify the alive on ADI ACTUAL SIGNATURE	H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Out To O	Ca of Uteru TONS CONTRIBUTING TO DEATH BU Prthroid D. DESCRIBE HOW INJURY OCCURRED While Not while of work	ED. (Enter nature of injury in LACE OF INJURY (Home, farm actory, street, office bldg., etc., 19 (2), to 4	Part I or Part II of the	em 18.) n) (, 19.6/,that I causes and an I	ONSET AN Zed 2 19. WA PERI YES [County)	S AUTOPSY CORMED? NO (State
Conditions, if any gave rise to implement the code (a), stoting to lying couse last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY Manager of the code	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate the under of the un	Ca of Uteru TONS CONTRIBUTING TO DEATH BU Prthroid D. DESCRIBE HOW INJURY OCCURRED While Not while of work of work of work of work of work of work of the ceased from the	ED. (Enter nature of injury in tACE OF INJURY (Home, form actory, street, office bldg., etc., 19 to	Part I or Part II of ite 20f. (City or tawn) M, from the capabases (Street, city)	em 18.) n) (, 19.6/,that I causes and an toy or town, state)	ONSET AN Zed 19. WAN PERI YES [S AUTOPSY ORMED? (State e decease ted about the parts sign of the
Conditions, if on gave rise to implement the codes (a), stoting to lying couse lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY Mour o. m., p. m. 21. I certify the alive on ADI ACTUAL SIGNATURE PHYSICIAN'S	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate the under of the un	Ca of Uteru TONS CONTRIBUTING TO DEATH BUTTER PARTIES 20d. INJURY OCCURRED While Not while of work	ED. (Enter nature of injury in tACE OF INJURY (Home, form actory, street, office bldg., etc., 19 to	Part I or Part II of the n. 20f. (City or town.) M, from the caddress (Street, city and part of the large of	or town, state) PAGE AND THE STATE OF THE S	ONSET AN Zed 19. WAN PERI YES [County) lost saw the date store	S AUTOPSY ORMED? (State decease ted about the data

moy be retained by the hasp. I ottending physicion.

• FUNERAL DIRECTOR: After the certificate has been signed by the ottending physicion and completely filled in by the funeral direpoge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. moy be retoined by the hasp.

TO FUNERAL DIRECTOR: After

YSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

VS A1S (4) 15M 9/5S

TO HOSPITAL OR ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Aby the hospital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the After this certificate has been signed by the attending physician and completely filled in by the tached for use as the burial-transit permit. The place remove carbon papers. Pages I and 2 tached for use as the burial cremation, or removel, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTEN ING PHYSICIAN: The law requires that it death. Page 4 may be referred by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the set director, page 3 should be detached for use as the burial-transit permit. To be filled with the State Dept. of Health prior to burial, cremation, or removes

- 3		- 10-2-									
1	1. NAME OF DECI	ASED			II 2. USUAL RESIL	DENCE (V	Vhere decessed lived, If		dence before	edmission)	
100	(Type or Print)	Sophia	A . T.	aur				30 3	003		
	3. PLACE OF D	EATH IN BALTIMOR	E, MARYLA	AND	4. USUAL RESIDENCE	E (Where	deceased lived. If institu	ution: residence	APT	nine)	
		1204-	- 10	-	A. STATE	USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) a. STATE B. COUNTY					
	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OF INST	HUTION, GIVE STR	THE WAY		Maryland Baltimore					
ı	INSTITUTION	Baltimore	-29			c. CITY OR TOWN (If outside city limits, write RURAL and give township)					
1	4408 I					Baltimore City 29					
L	X				D. STREET ADDRESS		(If run	al, give location	1)		
4					4408 Le	eds	Ave.				
5	S. SEX	6. COLOR OR RACE	7. SINGLE,	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years	If Under 1 Ye	or If Under 2	24 Hours	
	Female	White	Wide	owed	Jan.26.18	204	last birthday)	Months D	ays Hours	Min.	
	10.A USUAL OC	CUPATION (Give kind of most of working life, even		F BUSINESS OR INDUST			, ,				
if	returned)				The section of the fallole			12. CITIZEI WHAT COL	N OF JNTRY?		
L	Housew		At	Home	Baltimore	e Mar	yland	1	USA		
1:	3. FATHER'S NAM	E			14. MOTHER'S MAIDE				5 011		
	Oswald	Floether			2						
1.5	. Was Deceased I	ver in U. S. Armed Forces?		16. SOCIAL	17. INFORMANT						
(Ye	es, no or unknawn)	(If yes, give wor or dates	of service)	SECURITY NO.	17. MFORMANI			ADDR	ESS		
	No.	*****	25.25.26	215-07-69	Helen I	laur-	4408 Lee	eds Ave	Ď.		
	18.		- /		SE OF DEATH		2200 200		RVAL BETWE	EN	
	DISEASE	OR CONDITION DIRE	CTIV	0	1 1 1.		ē	ONS	ET AND DEA	TH	
	1 1	FADING TO DEATH		(A) ("Q	rebratons	Inus	200	141	57/01		
	neort foilure,	t mean the mode of dy osthenio, etc. It meons the mplication which coused	ing, e.g.,	DUE TO							
	injury or co	mplication which coused	deoth.)	173X				69	11		
		ANTECEDENT CAUSES		(B) w/c	Mentinsule C.	ardi	c. Vazaele	2	Halo		
		R CONDITIONS, IF ANY		DUE TO	1111111			0	£		
7		ABOVE CAUSE (A) STATI CONDITION LAST.	ING THE	(C)							
ō				(-/							
CERTIFICATION		11									
8	OTHER SIGNIFI	CANT CONDITIONS CONT EATH BUT NOT RELATE	RIBUTING								
E	DISEASE OR CO	NOITION CAUSING IT.	D IO IHE								
S	IF OPERATION	WAS RELATED TO 19.	A. DATE OF OF	PERATION	19s. CONDITION FOR WH	ICH OPER	ATION	20. AUT	OPSY?		
-	PART I OR PAR	T II		3	WAS PERFORMED			YES	LON	7	
	22. I certify	that (1) (this hospital)	ottended ti	an deceased from	1001.0			7 1131	NOI		
	,						7/		1927	to	
	and that in	(my) (our) opinion de	·	1 /	w the deceased olive		<i>‡-f-1-Q</i>		19_9	9/_,	
	23A. SIGNATUR		oin occurre		_m., from the couses	ond on	the date stated a	bove.			
	23A. SIGNATUR		ausor		3a. ADDRESS	0	alua	23c. DATE SI	GNED		
_		YS MED. DIRECTOR -		M D	3432 300	nu	29. ml	4/1	3/41		
24 RE	A. BURIAL, CREM. MOVAL (Specify)	ATION, 24s. DATE	24c. NA	ME OF CEMETERY OR CRI		240. LO		own, or county)	15	itate)	
	Burial	4/15/6	To	udon Park	Comoton	-					
25	A. DATE REC'D BY		258. NAME O	F REGISTRAD	25c. SUNERAL DIR	Ba	ltimore,				
	APR 15		there	Allerian.	The Toll Williams	THE STATE OF	11		ADDRESS		
	JII 11 1 1	1001 1723	A STATE OF	TTABLETIA	127. KJ.	Tehl	ul. 1	300 Eu	taw P	1.17	

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of the Party of the Contract of the		and the same of the same of	W0	CHILDREN F. SE
				CALL MADE
				COM ARROT

8 60		3991 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog, Dist. No. (13985)
ose semanting	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Ple 4 st	(1)	MARYLAND MARYLAND Mary and Country Dal Timore
age	(IXI	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
r. P	X	Rural-Monkton /Oyrs. Rural-Monkton
is necto	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES & NO
file or p	X	3. NAME OF First Middle Lost 4. DATE Month Day Year
nera yaur gistr		(Type or print) besse James Leedy DEATH 1961
for for for		5. SEX 6. COLOR OF BACE 7. MARRIED NEVER MARRIED 8. DAJE OF BIRTH 9. AGE (In year) IF UNDER 14 HRS.
+ 50 古 中 古 古 古		WIDOWED DIVORCED NOU29, 1906 34 yrs. Months Days Hours Min.
dead dead	16	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)
be and		Farmer Farming, Nytheuille, Va. U. Dit.
1, 2 1, 2 1 s	(F)	13. EATHER'S NAME D 14. MOTHER'S MAIDEN NAME
1 hours		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT
in 2, Page Page File		1 Yes, no. ogantyfown It yes, give war or dates of service 312-32-0447 Mrs. Laura Local much tain MAR. S
M3. Girli.	199	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
18.	14	PART I. DEATH WAS CAUSED BY: Unsked skull caused by stat Tristant
tecu Item for nsit	467	976 X DUE TO
with with	100	Conditions, if ony, which) (b) I'm blast
enci ang uria	100	gove rise to immediate couse (a), stating the underlying DUE TO
o b o b		couse lost. (c)
Cate Defice d as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
endii		YES NO Z 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
d in b		200. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Part Cause of Death. Part Cause I Joseph Symunic Languette and Realled tragger
Exo Exo houl		3 20c. TIME OF INJURY Mogili, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hickory 3 s		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Park of County) (County) (State) Hour o.m. (State) 19 6 of work at work
KAM Hing Med Page	749	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and find that
wri wri		death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined cause
e de C		DATE SIGNED
AED TO THE	3	SIGNATURE M.D. CHIEF MEDICAL EXAMINER
the ce arded NERAL		EXAMINER'S P. M. FRA 1/2 E DEPUTY MEDICAL EXAMINER [4/6/6]
DEPUTY I	- 0	
cute forward or re	14	DEMOVAL (Specify) Apr. B. 1961 BTLOON (EMPTERY OF CREMATORY 22d, LOCATION (City, town, or county) (Slote)
	MI	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME(5) 5M 9/55		Lacol Vartenslein, How Firedom Val DATEPR 10'61 arthur S. thomas
3.0.77		

Item 21 Film 285 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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3000

Cook, Inc.

William

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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arthur S. Krous

L		00013		CERTIFICA	IE OF DEATH			(192	(10)
1	PLACE OF DEATH o. COUNTY	BALTIMO	RE	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARY		institution: Reside	ence before adm	ission)
	RURAL ond give	(If outside corporate liminearest town)		LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside carporote limits,		give nearest to	wn)
	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, of MASON)		ress) tomE	d. STREET ADDRESS	GILMORE	AUE	ON	A FARM?
3	NAME OF DECEASED (Type or print)	ELIZABE		YOUNG L	EIDNER	4. DATE OF DEATH	Month	Day 18	Yeor 1961.
5	FE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9-24-187	9. AGE (III lost bir	hdoy) Months	Days Hour	
1	during most of w	TION (Give kind of work orking life, even if retired SP WIFE	done 10b. KIN	ID OF BUSINESS OR INDU		AND	12, CI	U, S.	COUNTRY?
1	3. FATHER'S NAME WILLIA	M PATTE	RSON	STRATTON	14. MOTHER'S MAIDEN N	ABETH	YOUN	G	
1	5. WAS DECEASED E Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of	ervice)	CIAL SECURITY NO. 17. II	Shaul X	! Smith &	Address Con	chespoit	le me
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	A.	or (0), (b), and (c).] Sel	louter Card	lio		INTERVAL ONSET AN	BETWEEN ID DEATH
	Conditions, if gove rise to	immediate Dur To)	Vas	cular D.	eseaie		10-	yeus
	couse (a), stating lying couse los	t. (c	:)	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PA	ART 1(o) 19. WA	S AUTOPSY
	PART II. C		25500			B	10.3		NO
		WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIE	SE HOW INJURY OCCURRE	D. (Enter noture of injury in	ron i or ron ii or nem	16.)		
91001	20c. TIME OF INJ Hour a. m p. m	1,	ar 20d. INJU While of work	_ Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City or town)		(County)	(Stote)
		nat (I) (this haspita	1) attended 4-17	the deceased fram	10-2 19 death accurred at 5%	50, ta 4-			
	22o. SIGNATURE	halle	1	Cus	ATTENDING M	ED. STAFF PHYS.		4/	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type	WALT	TRT	KEES	22d. ADDRESS	CKEYSL	ille	MI)
2	BURIAL CREMAT	(10N, 23b. DATE THEREO April 21		3c. NAME OF CEMETERY C	1,22 7 107 1 10 107 1	23d. LOCATION (City Balt	town, or county		Md.
10	A FUNERAL DIRECTO	P'S SIGNIATURE		ADDRESS	250 DEC	D BY DECICTPAP 25	L PEGISTRAPIS	SIGNATURE	

1217 St. Paul Street DATPR 2 0 '61

may be revained by the hospital attending physician.

TO FUNERAL DIRECTOR: After this Sertificate has been signed by the ottending physician and completely filled in by the funeral direct page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the Stote Baard of Health priar to buriol, cremotian, ar removal, and in any event, within 72 hours after death. SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page TO HOSPITAL OR ATTENDING P

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15M 10/57

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FOR STATE

TO DEPUTY MEDICAL EX. INER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Haalth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

JIVISION OF STATIS	HCAL KESEAK	CH AND RECORDS,	JUI W. PRESION 3	IKEEL, DALIMORE	I, MARILAND
3994	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	03088

Baltimore b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Phoenix d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Jarretsville Pike, Phoenix, Md 3. NAME OF DECEASED (Type or print) Albert Hen ry Lins 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	a. COUNTY			a. STATE	b. COUNTY	litition: Kesidence Defora edmission)
b. CITY OR TOWN (if outlide corporate limits, write RURAL and give nearest lown) Phoenix Phoenix Phoenix Phoenix Phoenix Life A NAME of Phoenix Jarretsville Pike, Phoenix, Md Aledie Jarretsville Pike, Phoenix Jarretsville Pike, Phoenix Jarretsville Pi		Baltimore	MARYLAND			
d. NAME OF HOSPITAL OR INSTITUTION (if no in hospital, give street address) Jarretsville Pike, Phoenix, Middle Last			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		
d. NAKE OF HOSPITAL OR INSTITUTION (if no in beagins), give street address) Jarretsville Pike, Phoenix, Middle Last A. DATE Month Day Yes COLOR OR ACE, 7, MARRIED Nove Marrier No. USAL OCCUPATION (Cive kind of work Marrier No. USAL OCCUPATION (Cive kind of work With Leven in will and of work Mary Land John Christian Lins 15. WAS DECEASED EVER NULS. ARAMD FORCESTS 16. SOCIAL SECURITY NO. 17. INFORMANT No. No. No. No. DUE TO Condition: If any, which pave rise to immediate cause (s), stains the underlying (s), stains the underlying (s), stains the underlying country) DUE TO Condition: If any, which pave rise to immediate cause (s), stains the underlying country one copie by time for (a), (b), and (c). PART I. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART It.ed 19. WAS AUTOPSY PERFORMED. Take THE CONTRIBUTION of the resulted from the part in and in my opinion death resulted from Diffusion and in my opinion death resulted from Diffusion and the part of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Diffusion Contribution Social Security or country Cheeren Depart Mary	Phoenix		Life	Phoenix		
Jarretsville Pike, Phoenix, Md Jarretsville Pike, Phoenix, Yes Noty Day Yes Jarretsville Pike, Phoenix, Yes Noty Day Yes John Christian Line Jo	d. NAME OF HOSPITA	OR INSTITUTION (if not in ho	spital, give street address)			
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S. DATE OF BIRTH S. DATE OF	(Type or print)	Albert	Hen ry Lins	DE	ATH 4	20 19 61
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done during most of working life, evan if relied) Veterinarian 13. FATHER'S NAME JOHN Christian Lins Is, WAS DECEASED EVER IN U.S. ARABD FORCES? (Yas, no, or unlown) (Iffres) to water delated service) NO 18. CAUSE OF DEATH [Enter only one cayle py line for (a), (b), and (c). 18. CAUSE OF DEATH [Enter only one cayle py line for (a), (b), and (c). 19. PART II. DEATH WAS CAUSED BY. Conditions, if any, which gave rise to immediate causs (a), staling the underlying ocuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT OF CONTRIBUTING TO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT OF CONTRIBUTION OF CONT		WILLEOU	ED DIVORCED	5-6-1877	111	onths Days Hours Min.
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13. FATHER'S NAME			octor	Maryland		U.S.A.
15. MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Addres	13. FATHER'S NAME					
15. MAS DECEASED EVER IN U.S. ARMED FORCES? [16, SOCIAL SECURITY NO. 17. INFORMANT Manual Property	John Chris	tian Lins		Margareta Da	neker	
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21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from partial causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 23. FUNERAL DIRECTOR Phoenix Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Phoeolice Flux or all Scaryland		Month, Day, Year 2Dd.			(City or town)	(County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: District Causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Sibile) Burial Way 4-22-61 Jacksonville Reform Phoenix Maryland ADDRESS 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR 24b. REGISTRAR SIGNATURE ADDRESS	Hour a.m.	-1	1 101 11 11 11 10 pm	ory, street, office bldg., etc.)		
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Brooks Funored Convice Towers II. MD		₩₩ 4-22-6	Jacksonvil	Le Reform P	hoenix Ma	aryland RAR'S SIGNATURE
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	2200110 10		, ,	I DATE DR 24	bl Collin	1 d. Thank

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ADDRESS

Gonce, 4001 Governor Ritchie Hgwy, Baltor Md. apr 2 6 '61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? 1102 Audrey Avenue YES NO XX APRIL 20TH 19 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Deys Hours 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) U.S.A. Baltimore, Maryland MN: Rakovicz Clin.Rec.VAH, Balto.Md.Ft. Howard Division INTERVAL BETWEEN ONSET AND DEATH 1 YEAR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO C 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) (County) (State) 20f. (City or town) 21. I certify that (I) (this hospital) attended the deceased from April 16., 19.61 to April 20., 19.61, that (I) (we) last 20....1961..., and that death occurred 5:45PM from the causes and on the date stated above. 22b. DATE

SIGNED

(Stete)

20 /61

250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

Burrial

24 FUNERAL DIRECTOR'S SIGNATURE

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Street Addition For Hospital Land Colors Avenue Avenue

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OTO OF O. HOLLING TREET, N. D. . VAR, SMITH. ME. FORE HOMPIN DEPOSICE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMODE CEPTIEICA

BALTIMORE 1, MARYLAND

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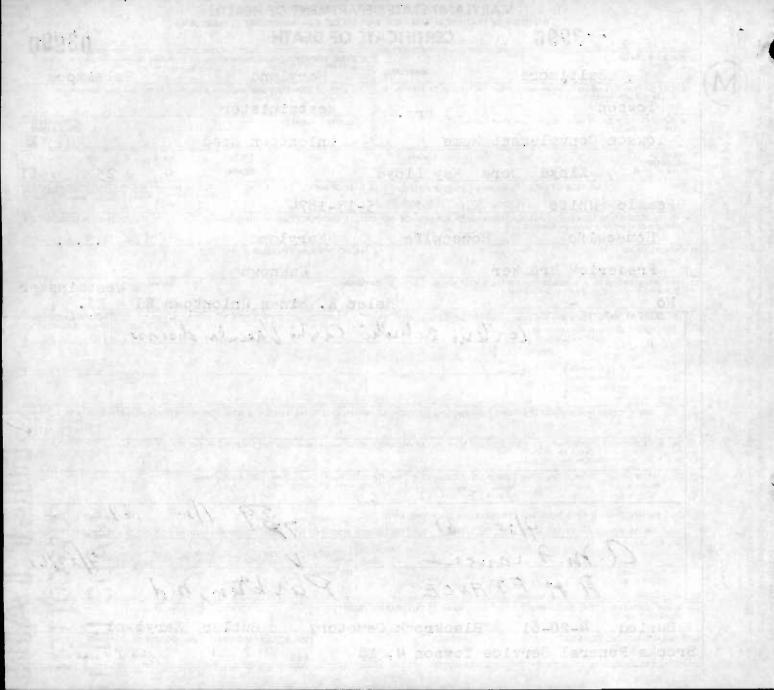
TO FUNERAL DIRECTOR: After this Certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Baard at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

SICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag TO HOSPITAL OR ATTENDING P

VR A15 (4) 15M 9/59

DECEASED IN SEX. DOTA MAY Lloyd SEX. SEX. COLOR OR RACE (Type or print) S. SEX. COLOR OR RACE The male White Whowed S. DATE OF BIRTH P. AGE (In year) S. MAERIED DOUBLE DOTA WHO WORDD DIVORCED D	1. PLACE OF DEATH a. COUNTY	Baltimore)	MARY	PLAND		ISUAL RESIDENCE (W I. STATE Maryle		b. COUNTY		7 4	re admissi C arri	011
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OR INSTITUTION TOWSON CONVAIGNMENT Find Middle CONTROL PARK Find Middle CONTROL PARK Find Middle CONTROL PARK Find Middle CONTROL PARK FOR ASSET MANY FOR ASSET MAN				3 1170			Westmir	niste	r		6	7 -	-7
TOWSON CONVAIGNMENT HOME NAME OF ITSI NAME	d. NAME OF HOSPIT	AL (If nat in haspital, g	give street	address)			d. STREET ADDRESS					e. IS RESI	DENCE FARM?
DECEASED (Type or print) S. SEX (SEX (S		Convales	sent	Home			Unionto	own R	oad				
S. EX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FEMBLE WINTE 1 TEACH WIDOWED 1. DEVORCED 5-13-1874 OU. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHHACE (Stote or foreign country) HOUSE WITE 1. MOTHER'S MAIDEN NAME Frederick Bromker S. WAS DECASSED BY IN. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INFORMAN		Fir	st	Middle			Lost	OF		nth	Do	ly Y	fear
Female White WIDOWEDO DIVORCED 5-13-1874 So with Months Days Hours Min. 86 971. 87 971. 87 971. 88	(Type or print)	KXXXX	Dora	a May Ll	oyd			DEATH	4		25		
DIVORCED 5-13-1874 86 yrs. 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPACE (Stole or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPACE (Stole or foreign country) 12.CITIZEN OF WHAT COUNTRY 13. BIRTHPACE (Stole or foreign country) 13. CITIZEN OF WHAT COUNTRY 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 14. MOTHERS MAIDEN NAME 15. AUGUSTA 15. SOCIAL SECURITY NO. 17. INFORMANT 18. MOTHERS MAIDEN NAME 18. AUGUSTA 18. SOCIAL SECURITY NO. 17. INFORMANT 18. AUGUSTA 18. AUGUSTA 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c), part of the course (c), staling the under 18. AUGUSTA 18. A	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🗌	B. DA	TE OF BIRTH						
HOUSEWIFE HOWSEWIFE MATPLAND 3. FATHER'S NAME Frederick Bremker 5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Helen A. Sines Uniontown Rd Md. 18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c), PART I. DEATH WAS CAUSED BY MEDITION ON SET AND DEATH DUE TO COnditions, if any, which gove rise to immediate couse (a), stating the under ling over couse (b), stating the under ling over couse lost. 19. CACIDENT WAS UNDERLYING [I] 20. ACCIDENT WAS UNDERLYING [I] 20. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 30. ACCIDENT WAS UNDERLYING [I] 20. ACCIDENT WAS UNDERLYING [I] 20. ACCIDENT WAS UNDERLYING [I] 20. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 30. ACCIDENT WAS UNDERLYING [I] 20. ACCIDENT WAS UNDERLYING [I] 20. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 31. (C) 320. CITIED ON THERE OF EXAMINED IN PART II or Part II of item 18.) 320. ACCIDENT WAS UNDERLY IN PART II or Part II of item 18.) 320. CITIED ON THE WAS UNDERLY IN PART II or Part II of item 18.) 321. (C) 32	Female	White	WIDOW	DIVORCE	D	5-	13-1874		86 yrs		Days	Hours	Min.
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3. FATHER'S NAME Frederick Bremker S. WAS DECEASED EVER IN U. S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse, per ling for (o), (b), and (c), and the length of the length				Howsewife			Marvla	and			TT	SA	
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18. CAUSE OF DEATH Enter only one couse per ling for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF IM	(Yes, no, or unknown)					7	n A Cina	on Tim	tontown				.5001
PART I. DEATH WAS CAUSED BY LIMBEDIATE CAUSE (autoria 2 current 2	- 1	714 [5	- 1			TE	II W. DIII	es_un	TOHCOWN	nu			TWEEN
IMMEDIATE CAUSE (a) DUE TO	THE RESERVE OF THE PARTY OF THE		ouse per it	ne for (o), (b), and (c).	of		1.1.	1/2	0 1	-	ONS	SET AND	DEATH
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gove rise to immediate cause (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDY YES NO 220. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDY YES NO 220. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTHER MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of wark of wark fociory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased fram. 19. Ga 4. Jac. 196. It hat (I) (we) las saw the deceased alive an 196. , and that death accurred at 27. M. fram the causes and an the date stated abave 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. ADDRESS 221. ADDRESS 222. ADDRESS NAME (Type) Butler Mary and ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) Butler Mary and ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	723	DUE TO											
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21. I certify that (I) (this hospital) attended the deceased fram			or 20d I	NILIRY OCCURRED	20e. Pl./	ACE C	OF INJURY (Home, for	m. 20f. (Cit	v or town)	-	(County)		(State
21. I certify that (I) (this hospital) attended the deceased fram	Hour o. m.		While	Not while	foo	tory,	street, office bldg., et	ic.)	, or lowing		(001117)		(Sidio
saw the deceased alive an 4/25 1961, and that death accurred at 2M, from the causes and an the date stated above 220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 221. ADDRESS NAME (Type) 7. M. F. R. F.	p. m.	19	ot war	k ot wark				7.5					
220. SIGNATURE M.D. ATTENDING MED. STAFF SIGNET 221. PHYS. DIRECTOR PHYS. DIREC	21. I certify tha	t (I) (this hospita	l) pttend	ded the deceased	fram			2- Ga	4/20	, 196	L, th	nat (I) (we) las
22c. PHYSICIAN'S NAME (Type) 7. M. FRANCE 22d. ADDRESS 22d. ADDRESS 23d. LOCATION (City, town, or caunity) REMOVAL (Specify) Buried 4-28-61 Blackrock Cemetery Butler Maryband ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	saw the deceas	ed alive an4	125	196/ , and	that d	leath	accurred at	M, fram	the causes a	nd an th	e date	stated	abave
22c. PHYSICIAN'S NAME (Type) 7. M. F. RANCE 22d. ADDRESS 22d. ADDRESS 23d. BURIAL, CREMATION, REMOVAL (Specify) Buried 4-28-61 Blackrock Cemetery Butler Maryband 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	220. SIGNATURE	7 0									1	/ 221	D. DATE
NAME (Type) P. M. FRANCE Parkton Ma 23c. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Buried AL28-61 Blackrock Cemetery Butler Maryband ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or caunity) (Stote) Butler Maryband ADDRESS 25c. REC'D BY REGISTRAR'S SIGNATURE	(1	·m.t	ran	nce		M.D.	ATTENDING PHYS.	AED.	STAFF PHYS.		- 4	4/27	SIGNEL
REMOVAL (Specify) Buried 4-28-61 Blackrock Cemetery Butler Marydand ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		A.M.	FR	ANCE			22d. ADDRESS	kti	w. h.	1			
44. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)											(Stot	e)
					CK C	em						RF	
Brooks Funeral Service Towson 4, Md MAY 1 '61 Culling & Kings			rvic		4,	Md		MAY 1	1 . 4				

DATE

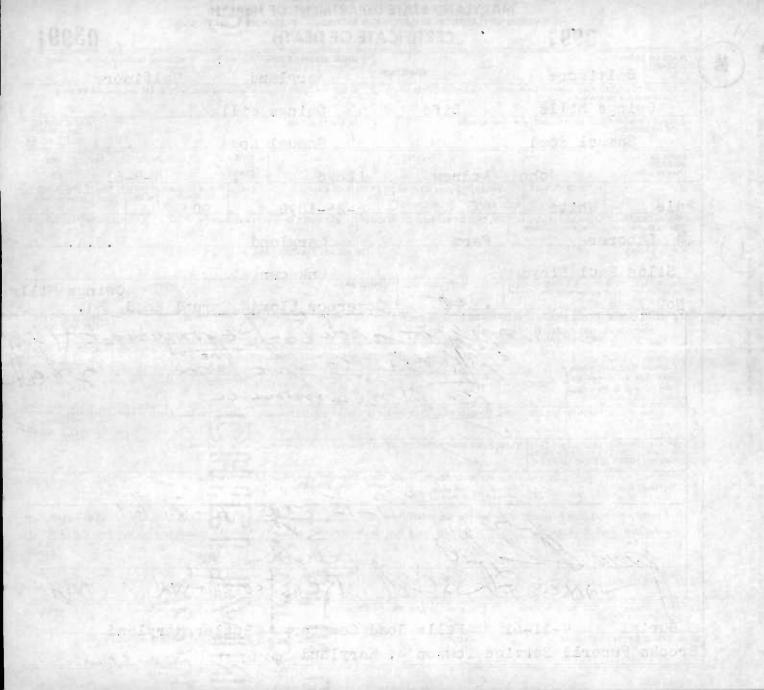


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3997

03991

directified with	M	1. PLACE OF DEATH a. COUNTY Bal	timore	MARYLANE	2. USUAL RESIDENCE (V a. STATE Marvl		d. If institution: Re b. COUNTY Balti		ssion)
eath eral be		b. CITY OR TOWN (If RURAL and give nec	outside corporate limits, writ arest town)	c. LENGTH OF STAY IN 18					vn)
for a			s Mills	Life		s Mills			
ofte the sho	11	d. NAME OF HOSPITA	AL (If not in hospital, give stre	eet address)	d. STREET ADDRESS			e. IS RE	SIDENCE A FARM?
by d 2	X	Sam	uel Road		Samue	1 Road		YES [NO M
ho ni n	*	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
24 illed		(Type or print)	John	Andrew	LLoyd	DEATH	4-8	3-61	19
thir ly f		S. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF UN	DER TYEAR IF UNI	DER 24 HRS.
l wi		Male		OWED DIVORCED	6-25-1870		st birthday) Mon	ths Days Hours	Min.
uteo mm per		10a. USUAL OCCUPATIO	N (Give kind of work done 1)	0b. KIND OF BUSINESS OR INI				CITIZEN OF WHAT	COUNTRY?
d co		during most of worki	ng life, even if retired)	Tile sam	M7	3		TT CI A	
an and		13. FATHER'S NAME	er	Farm	14. MOTHER'S MAIDEN			U.S.A.	
in & in			7 77 7						
ificate thysician nave control to within			aul Lloyd	16. SOCIAL SECURITY NO. 17	INFORMANT	wn	Address		
ph rem		(Yes, no, ar unknown) (1	f yes, give war or dates of service)	10. SOCIAL SECONIT NO. 17				Owings	Mill
ding ding		No 1		,00	Governor Ll	oyd Sa	muel Ros		
deo ten ple			TH [Enter only one cause pe TH WAS CAUSED BY:	r line for (a), (b), and (c).	1 - S. 15	800		ONSET AN	D DEATH
he at		PART I. DEAT	IMMEDIATE CAUSE	MANT	around	DE	somple	usal	74
4年8		00	DUE TO	7/10	- //	/ 7		0	1
d b		Conditions, if on		Mone	- me	x /2	クシ	5	2
gne		gave rise to in cause (a), stating t		· to	1 / 1	-/-			10 ce
on. n si		lying cause lost.	(c)	se pe.	newyork	nella			
ow rsici bee trar		PART II. OTH	ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH E	OUT NOT RELATED, TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN	PART 1(a) 19. WAS	ORMED?
ph) ph) ial-		3	1						NO Z
ing ing te h	0	20a. ACCIDENT WAS	UNDERLYING 20b. E	DESCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury i	in Part I or Part II o	f item 1B.)		
Fico the		U (IF EITHER, NOTIFY	MEDICAL EXAMINER)						
SIC att		20c. TIME OF INJURY			PLACE OF INJURY (Home, fo		own)	(County)	(State)
ris con to the training of the		Hour a.m.		work at work	factory, street, office bldg.,	erc.)		/	
Ppin far			(I) (this bosnital) atta	ended the deceased fran	1-1- (3)	100 10 11	-4.6	that (I)	(we) last
has hed hed			ed alive on	7/1	t death occurred of	Al from the			,
the the edle		220. SIGNATURE	ed dilve oii.	no did ind	deall occorred of	w, nom/me	cooses and or		2b. DATE
AT By CTC		10011	11/1/1	Mell	M.D. PHYS.	MED. S	TAFF HYS.		SIGNED
OR Ded		22c. PAYSICIAN'S		AT & C	22d. ADDRESS	DIRECTOR L.	L		-
FAL AL Book		ME (Type)	Jakes &	1/02/11	Reis	TROIST	+ WW	N	1
SPI VER 3 s		23a. BURIAL, CREMATION	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION	(City, town, or cou	nty) (S	ata)
HOSPI lay be FUNER oge 3 s		REMOVAL (Specify)				1 1 1 1 1 1 1 1			7
5 5 g =	1	24. FUNERAL DIRECTOR'S	4-11-61 SIGNATURE	Falls Ro	ad Cemetery	C'D BY REGISTRAR	2Sb. REGISTRAR		
VR A1S (4)	01,			ce Towson 4,	Maryland	tho 1 7 101			
1SM 9/S9	1,				TOTAL DATE	APR 17'61	Coller	8. Krays	



PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR ATTEN MG PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retain, by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1 Lems 0	X. O 11 m	2X5_ /1/27/	6 3 7.1)0		1000
1. PLACE OF DEATH a. COUNTY	W / 1118 0		CE (Where deceased lived, I	f institution: Residen	
Baltimore	MARYLAND	a. STATE Md.	b. COL	13a1+11	more
	LENGTH OF STAY IN 16		If outside corporate limits, wr	te RURAL and giva	nearest town)
Parkville		X Parkvi	lle		
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital	l, giva street address)	d. STREET ADDRESS		4 11 14 14	a. IS RESIDENCE
1718 Hillyard Road		1718 H	lillyard Roa	d	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day	Year
(Type or print) Ahnen	Lee	lockett	DEATH Ann	il 211	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In year		IF UNDER 24 HRS.
male white WIDOWED	DIVORCED [8-23-11/878	1876 8487 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	ity & State, or foreign country	12. CITIZEN O	F WHAT COUNTRY?
machinist		Georgia		1184	4
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	43	
Rubin Wintrey Locketz	<i>f</i>	Comilla	Park		
15. WAS DECEASED EVER IN U.D. ARMO FORCES? 16. SOC (Yes, no, or unkown) (Ifyesgive waror dates of service)	CIAL SECURITY NO. 17. I	NFORMANT	Addre	SS	
257	7016603 An	drew Locke	tt sa	me	
1B. CAUSE OF DEATH [Enter only one cause per line		wich Locke	/ 0 .	INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11AAClos	elec lo.	V. Dise	pose ON	ISET AND DEATH
SIZ ZII DUE TO					
Conditions, if any, which (b)					
gave rise to immediate cause					
(a), starting the underlying				NATA .	
	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION G	VEN IN PART 1(a) I 1	9. WAS AUTOPSY
ATIO					PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURED	, (Enter neture of injury in	Part I or Part II of item 18.)		
	JRY OCCURRED 20e. PLA	CE OF INJURY (Home, fare	n, ' 20f. (City or town)	(County)	(Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJU While at work		ory, street, office bldg., etc	.)	(44 2 //	(-1.1.)
21. I certify that (I) (this hospital) attended		There 10	19 600 to an	256 1961 11	hat (I) (we) last
11 10 11	/ 1	1 5	M.M. from the causes	/ .	
228. SIGNATURE		1			22b. DATE
nother tan	ney m	.D. PHYS.	MED. STAFF DIRECTOR PHYS.		4/24/61
22c. PHYSICIAN'S NAME (Type) - NATHAN	JANNEY	22d. ADDRESS	Harford	Rd.	// //
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23	C. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own or county)	(Stata)
burial 4-26-61	Moreland M	lem. Park	Baltimor	e, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REG	D'D BY REGISTRAR 256. R	EGISTRAR'S SIGNAT	
Leonard J. Ruck 5305 t	tarford Rd.	DATE	APR 25 '61	arthur S. F.	Traces

1748 William Hord William Comment West - STORY The state of the s NATHAN JAMNEY 14-26-61 monetand mem. Park markingse, ma. 10 2 miles 10 10 10 miles Leonava , , will, , , or recording

arthur S. Thous

DATE APR 1 8 '61

.W. Jenkins & Sons Co. 4905 York Rd.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CE	RTIFIC	ATE	OF	D	EA	TH

03994

1.	PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (W. o. STATE Md.	here decease	d lived. If institution b. COUNTY	Residence bet Balti	
	b. CITY OR TOWN (I RURAL and give no Balti		s, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (IF		prote limits, write RUI	RAL ond give n	iearest town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, gi 1201 Fran		Avenue		d. STREET ADDRESS	ncis	Avenue		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Firs Lilli		Middle I	owm	an lost	4. DATE OF DEATH	April :		Day Yeor 161 19
S.	f e male	6. COLOR OR RACE White	7. MARRI	IED NEVER MARRIED DIVORCED		Oct. 14,	1879	9. AGE (In years I	Months Days	
100	during most of work	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote Maryl		ountry)	12. CITIZEN C	U.S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	Dav	id Ring				Lydia	Zimme	erman		
1S.		R IN U. S. ARMED FORG		SOCIAL SECURITY NO.	1	ORMANT		Addre		
	no	, , , , , , , , , , , , , , , , , , , ,		none	C	larence E.	Lown	nan 1201	Franc	is Ave.
TION	Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH	the <u>under-</u> DUE TO (c)	4	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERM	lor AINAL DISEAS	Cours EE CONDITION GIVE	LON N IN PART 1(0)	PERFORMED?
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Port I or Po	rt II of item 18.)		YES NO
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	20d. IN While of work	_ Not while		CE OF INJURY (Home, for ory, street, office bldg., e		y or town)	(Count	ty) (Stot
		it (I) (this haspital	attend	led the deceased f		eath occurred at	M, fram	1- 22		
	220. SIGNATURE	9/1/2	cer	beer	-3/	D. PHYS.	MED.	STAFF PHYS.		22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	B. Bruce B	rumb	augh, M.D	•	22d. ADDRESS N	Main S	Street E	lkridg	e 27, M
230	BUILAL CREMATIC	10 A 12/6		23c. NAME OF CEME		Cemetery		TION (City, town, or altimore		(Stote)
	FUNERAL DIRECTOR HOWARD H		410	ADDRESS D7 Wilkens	s Av	.0	"D BY REGIS		RAR'S SIGNAT	

DATEDR 1 2 '61

TO FUNERAL DIRECTOR: After this Sertificate has been signed by the attending physician ond campletely filled in by the funerol direct page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with 81ote Board at Health prior to buriol, cremation, ar remaval, and in any event within 72 hours after death. SICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO HOSPITAL OR ATTENDING

VR A1S (4) 1SM 9/S9

p in the 1601 Pageofa (years) | de 1601 Princis Avenuel Lille M. Louise - April 10, 1991 emel white8.7 noge - Planence - intended 1201 Francis Are. the same of the sa is a second of the second of t Aming " 172/12 to Leadon Carla Constant Salamone, templand Bowned H. Gubberg 4107 Wilsens Ave.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4001

03995

1. PLACE OF DEATH o. COUNTY	timore	MARYLANI	11	o. STATE		b. COUNTY		e before ltim	
b. CITY OR TOWN (RURAL ond give n	If outside corporate limits, ecorest town)	write c. LENGTH OF STAY IN 11	ь	Marylai	utside corpo		2001		
	Pikesville	5 yr,		X Rural-	Pike	sville			
OR INSTITUTION	TAL (If not in hospitol, give enry Rd. Balt			613 Mc	Henry	Rd. Balt	8.0	e	IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Mor	ith	Day	Yeor
(Type or print)	Mrs. Amanda	В•	M	acken	OF DEATH	Apri	.1	3	19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED] 8. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	_	F UNDER 24 HRS
Female	White w	IDOWED DIVORCED		Jan. 31, 18	76	85 yrs.	Monins	Doys	Hours Min.
10o. USUAL OCCUPATION	ON (Give kind of work don king life, even if retired)	ne 10b. KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12.CITI	ZENOF	WHAT COUNTRY
Housewife		None		Germany				U.S.	A.
3. FATHER'S NAME		2.000	1.	. MOTHER'S MAIDEN N	IAME				0301
John Bey	ran			Unknown					
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO. 17	, INFOR			Add	ress Ba	lto.	7, Md.
(Yes, no, or unknown)	[If yes, give war or dates of service		Mr.	Walter H. M	lecken	.7233 Wir	dsor		
NO NO	ATU (Catan anly and annua	per line for (g), (b), and (c).	VII •	marcel II. IV	aoron	31-// 1177	14001		VAL BETWEEN
	ATH WAS CAUSED BY:	Survey	-	tun Va	as				T AND DEATH
450.	IMMEDIATE CAUSE (o) DUE TO			0-1-	1				
612 101 100 16		21.	C.	I Perd	,	P		1 25	
Conditions, if o	immediate (D)_	2 poura	1	y usu	une	Coloren		-	
couse (o), stoting lying couse lost.		arthma (Lew	en cole	Lgg.				
PART II. OT OIL OR CONTRIBUTION (IF EITHER, NOTIF)	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL PISE	SE CONDITION GI	VEN IN PAR	T 1(o) 19	. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUI	RRED. (E	nter noture of injury in	Port or Po	rt II of item 18.)			
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeor 19	20d. INJURY OCCURRED While Not while ot work of the otwork		OF INJURY (Home, farm, street, office bldg., etc		y or town)	((County)	(Stote
7 100	at (1) (this haspital) ased alive an B	attended the deceased framul 3 1967, and that	- 11		40 ta				at (I) (we) las
220. SIGNATURE	Thos &	Alfred .	M.D.	ATTENDING MI	ED. RECTOR	STAFF	ia dii iiie	date	22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Dr. Thomas Al	bbott		22d. ADDRESS 4509 Libe			ve. Ba	alto	7, Md.
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER	V OP C			ATION (City, town,			
REMOVAL (Specify Burial	4-6-1961			netery		idalls town		Mo	(State)
24 FUNERAL DIRECTOR	1/2.0	8728 Randallstown	Rd .		D BY REGIS		STRAR'S SIG		

Tribo king a second of the sec en la companya de la

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH direct o. COUNTY filed b. COUNTY Lock Raven By vd. MARYLAND Baltimore funerol b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Life Baynesville Balto Co
d. NAME OF HOSPITAL (If not in hospitol, give street address) the & STREET ADDRESS ON A FARM? OR INSTITUTION 8126 Loch Raven Blvd. by YES NO T 8426 Lock Raven Blvd. .= NAME OF Middle Yeor filled DECEASED 1961 Nettie Maenner DEATH (Type or print) Poges IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely lost birthdoy) Months Days Hours 2-20- 1884 Female White DIVORCED | WIDOWED P papers. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Balto. Md. USA puo pan 72 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician 8 within Brockmever John Elizabeth Brockmever remove Address Balto.12, Md. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 218-09-9630 Mr John B. Maenner 4531 Northwood Drive ottending pleose INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and 14 ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if ony, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause lost. physicion. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? cremation, YES NO has 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [certificote OR CONTRIBUTING CAUSE OF DEATH the MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while at wark at work 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at IPM, from the causes and on the dote stated above. 19 sow the deceosed olive on may be retained by the FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING Dr. Richard R. Rigler MED. STAFF PHYS. M.D. Pe Baord 22d. ADDRESS shauld 22c. PHYSICIAN'S NAME (Type) West Overlea Ave. 23g. BURIAL, CREMATION, 23b. DATE THEREOF 230 HAME OF CEMELERY OF CREMATORY 23d. LOCATION (City, town, ar county) (State)

Joseph Cemetery

ADDRESS

Fullerton Balto, Co.

25g, REC'D BY REGISTRAR

DATE APR 1 0 '61

25b. REGISTRAR'S SIGNATURE

arillary & France

3 page the St 01

REMOVAL (Specify)

Ruria?

24. FUNERAL DIRECTOR'S SIGNATURE

1-10-196

that the death certificate be executed within 24 haurs ofter death.

15M 9/59

The first war to be accounted to the state of the The same and same the parties of the same and

FOR STATE TO DEPUTY MEDICAL EX. TINER: This certificate should be executed within 24 hours after death. If any deley is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMA-Rege 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours efter death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0200M

7	4	HHR			01 0-		00301
	1. PLACE OF DEAT	H D-3+4			ENCE (Where deceased		esidence before edmission)
1	e. COUNTY .	Baltimore	MARYLAND	a. STATE	Md	b. COUNTY to	
1	b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16	C CITY OF TOW	N (If outside corporete I		give percent town)
	write RURAL en	d give neerest town)	11 00.00	Catonsvil	2.7	WINE KOKAL GIIG	give neerest town;
-	Catoravil	1	4671				
	d. NAME OF HOSP	ITAL OR INSTITUTION (if not in ho		d. STREET ADDRE	11		IS RESIDENCE ON A FARM?
		1992	laridge d	1532 Clar	idge R'd		YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer
	(Type or print)	Mary	Marke	lonis	OF DEATH	April 11	.1961 10
-	5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	l 9. AGE	(In yeers LIF UNDER 1.)	- 17
	Fem	hite		1. 7 20 10		1 1 1 1	eys Hours Min.
-	10. LISTIAL OCCUBA	TION (Give kind of work 1Db. I		101-20,18	11 8:	yrs.	
	done during most of w	orking life even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE ISH	ele or foreign country)	12. CITI2	EN OF WHAT COUNTRY
	Home	1 101	use Work	Jeth	10min		usa
	13. FATHER'S NAME	1 1 1	. 1	14. MOTHER'S MAID	EN NAME	/	
		ant Russ	1/	dend	Kum		
-	15. WAS DECEASED EN	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	10-10-	Address	
	(Yes, no, or unkown)	(If yes give we ror detes of service)	15-10-7014	eorgo Harliel	lonis 1532	Claringe .	.ld •
		DEATH [Enter only one cause per		_			INTERVAL BETWEEN
1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ute cardiac fai	lure			ONSET AND DEATH
-	11 243	10					
	7 13	DUE TO Hyp	ertensive cardi	o vascular	disease		H-15001010059
	Conditions, if en	// William (D)	A CONTRACT OF STREET	THE SHEET	4200400		
	(a), steting the	DIFTO	Commence of Aura & Anna				
	cause lest.) (c)	Generalized Ar	cerio scier	osis		
	PART II. OTHE	R SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CONDI	TION GIVEN IN PART	
>	PART II. OTHE 20e. EXTERNAL C PRIMARY or CC CAUSE OF DEATH						YES NO
	20e. EXTERNAL C	AUSE WAS 20b. DESCR	RIBE HOW INJURY OCCURED. (E	nter nature of injury in	Pert I or Part II of item 1	8.)	1100 110 1111
	PRIMARY OF CO	ONTRIBUTING					
	2Dc. TIME OF INJU	URY Month, Dey, Yeer 2Dd. Whil		CE OF INJURY (Home, fory, street, office bldg.,		rn) (Count	ty) (Stete)
	₹ p.m.	19 et wo					
	21. I certify t	hat I took charge of the ren	nains described above, he	ld an Autopsy	Inspection III	Inquiry	and in my opinion
	death resulted	from: Natural causes	Accident , Suici	de , Homicid	le D. Undeterr	mined manner	
	120000	1 1-	12 11		AL EXAMINER		
	ACTUAL	Letha	Ki Son				
	SIGNATURE_	, ,		M.D.	MEDICAL EXAMINER	1 /.	DATE SIGNED
1	EXAMINER'S	Con 11 35 75 0		DEPUTY MEDIC	CAL EXAMINER	4-11-61	
	NAME (Type)	Geo. S. M.Kief.			t, city, town, or county		
1	22a. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (C	ity, town, or country)	(Signe)
	BURIAL	4-15-61	LOUDON PACK	EMETERY	Kreder	chal.	nix.
3-	23. HNERAL DIRECTO	R	ADDRESS			46. REGISTRAR'S SIG	NATURE
1	the WA	alleurles	-4	DATE	APR 1 7 '61	arthur &	House
1				IDAIL	WLU 1 1 01	Commit D.	, , other as

VS. A15ME 5M 7/59

THE STRAIN STREET AS THE STREET WITH A STREET WAS ASSESSED. Latina Parities provident on figure pourse. The day the million of the state of the stat · Not class the stage and the

TO HOSPITAL OR ATTENDING

VR A1S (4) 1SM 9/59

4004

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03998

					00000
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLA	O. STATE	b. COUNT	rion: Residence before admission) ** **Baltimore**
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, writ	e c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
	therville	8 Months	Luthervi	lle . Md.	
d. NAME OF HOSPIT	'AL (If not in hospital, give stre		d. STREET ADDRESS		e. IS RESIDENCE
or Institution 211 Line	oln Ave Tart	herville	211 Line	oln Ave.	ON A FARM? YES NO X
. NAME OF	First	Middle	Last	The state of the s	onth Day Yeor
(Type or print)	Walter	Edwin	Martin	DEATH Apri	1 15, 961
S. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED		9. AGE (In year lost birthdoy)	Months Doys Hours Min.
Male	Color WIDO	OWED NORCED	☐ Aug. 5, 18	383 77 yr	memilia boys Hoors mill.
Oa. USUAL OCCUPATIO	ON (Give kind of work done 1 king life, even if retired)	Ob. KIND OF BUSINESS OR	STRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Baltio, Tra	ansit Maryla	and	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Will	liam E. Mar	tin	MAL	Fitch	
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	2. 300.00	17. INFORMANT		Eatherville, Md
(Yes, no, or unknown)	(If yes, give war or dates of service) None	213-10-1523	Mr. Joseph V		l Lincoln Ave.
18. CAUSE OF DEA	ATH [Enter only one couse pe	r line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Y PERTENSIVE	CARDIOVASCUI	AR USEASI	2 YRS
443)	DUE TO				11 2 70 1 3 2 2 2 2
Conditions, if o	ny, which)				
gove rise to i	mmediate DUE TO				
lying couse lost.	the <u>Under-</u>				
	J (c)	NS CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPSY
CATIO					PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury i	n Port I or Port II of item 18.)	
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Year 200	d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home, fo		(County) (Stote)
Hour o.m.		nile Not while	foctory, street, office bldg., e	etc.)	
		0 0	1/12/	60 000	15
	at (I) (this hospital) atte	11 / 1), 196_1, that (1) (we)-last
saw the decea	sed alive an Italy	19_6 / and th	nat death accurred at	M, fram the causes o	and an the date stated above.
220. SIGNATURE	camefu	labour	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	4/17 SIGNED
22c. PHYSICIAN'S NAME (Type)	villiam A.	PILLS BLIR	22d. ADDRESS	erko Ti	meniam md
23g. BURIAL CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, town	, or county) (Stote)
REMOVAL (Specify)					ATTA & MA
Burial 24. FUNERAL DIRECTOR	April 18,	L961 Druic	d Ridge Ceme		GISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR	SOLUTION	HOUKESS	// 250. RE		
4mark	VI. Anski	10 11/101	DATE	a a	thung S. Kraus

. De la salate de la la company de la compan Tay neorid fix a delayment my kite A CALL II THE CALL OF THE CALL National Control of the Control of t the state of the s see the cold is a state of the cold of the E THE PARTY OF WALK END TO THE PROPERTY OF THE WALL AND A PERSON OF THE STATE OF TH

IE PI TO DEPUTY MEDICAL EXAMINER: This certificate she please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's TO FUNERAL DIRECTOR: Page 3 should be used as a or its designated agent, prior to burial, cremation, or ren

VS. A15ME 5M 7/59

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nould be executed within 24 hours after death. If ony delay is necessary,	Pages 1, 2, and 3 to the funerel director. Pege	13. Pege 5 mey be retained for your files.	burial-transit permit. File pages 1 end 2 with the State Board of Health, - 15	moval, and in any event within 72 hours after death.
n 24	ive	PM E	le pa	of W
withi	18. G	form	三.	ever
petr	tem	with	perm	any
be exect	Jencil in l	ce along	al-transit	al, and in
Joulo	"in "	OFF	buri	MOV

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02000

4 (111)	0000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaased livad, If institution: Rasidance before admission
Baltimore Co/ MARYLAND	a. STATE Md. b. COUNTY Bafto
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
writa RURAL and giva nearast town) Baltimore	X Baltimore Co. Catinonell
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
629 Orpington Rd. Catowille	629 Orpington Rd.
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF
THIS WITHOUT WASTEN	DEATH April 10 1961 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MARNED NEVER MARNED	last birthday) Months Days Hours Min.
F W WIDOWED M DIVORCED	10/20/1883 77 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if ratirad)	STRY 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY
Housewife	Chestertown Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jonathan Anthony	? And how
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ifyasgiva warordatasofservica)	. INFORMANT Address
	arbara Matsen 629 Orpington Rd.
18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	andrea faction ONSET AND DEATH
IMMEDIATE CAUSE (a) COMME C	
DUE TO ()	ascular disease
Conditions, if any, which avairable (b)	
(a), stating the underlying DUE TO P. 6.	1 COLLA
cause last. (c) (c)	Processe Vacalyse agelows
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	NOT RELATED TO THE TERMINAL DISEASE SONDITION GIVEN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO E
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED PRIMARY OF CONTRIBUTING	. (Entar natura of injury in Part I or Part II of itam 18.)
CAUSE OF DEATH.	
	PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
Hour a.m. Whila Not Whila at work af work	actory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above,	held an Autopsy . Inspection I Inquiry and in my opinion
	aicide , Homicide , Undetermined manner
death resulted from transfer courses for Accident []	CHIEF MEDICAL EXAMINER
ACTUAL AND ACTUAL	- (Mulyo
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S GEU. S. M. KLETTER,	UD Address (Street, city, town, or county) 610 Lechen
22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 4/13/61 Lakeside M	E Cemetery Kent Co. Deleware
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John M. Weber 5311 Edmondson Ave	DATE APR 1 3 '61
	DATE APR 13 '61 C. Plan S. Times

HTASE SU STADERTIES AMERICANASE JASIETME Control of the state of the period of the state of the st The second of th The the state of the second community

law requires that the death certificate be executed within 24 hours

physician and remove

attending physician. as been signed by the attending

After this certificate has been

Then please

completely filled in by the hours after death

irbon papers. carbon

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (Where decessed lived	I, If institution: Residence before edmi
Baltimore	MARYLAND	e. STATE	laryland b. co	Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) Timonium	c. LENGTH OF STAY IN 1b	7	l (If outside corporate limits, limonium	write RURAL and give nearast town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in ho 2346 York Road	spital, give street address)	d. STREET ADDRES	s 346 York Road	e. IS RESID ON A FA YES NO
NAME OF First DECEASED (Type or print) Mrs. Bessie	Middle McCo	nnell	The second of th	onth Day Year
5. SEX 6. COLOR OR RACE 7. MARRII Female White Widowi		June 15, 18	lest birthde	7110111113 2073 110013 71
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co		12. CITIZEN OF WHAT COU USA
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Joshua Jones		Margare	t Melvin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Ifyesgivewarordatesofservice) NO	Mr	NFORMANT	Warehine 2	fress Timonium 346 York Road,
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arterio 8c	lerotic	Cardio Van	ular INTERVAL BETWEE
Conditions, if eny, which (b)			Ø	iseare.
gava rise to immediate cause (e), stating the underlying ceuse last.				
couse last. (c)				

(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer

While

at work

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.)

1956, to.... April , 21. I certify that (I) (this hospital) attended the deceased from.... and that death occured at 11.7.M, from the causes and on the date stated above. saw the deceased alive on HPRIL 22b. DATE 22e. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

19

ATTENDING PHYS. 22d. ADDRESS MED. DIRECTOR STAFF PHYS. SJGNED

(Stete)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

p.m.

23c. NAME OF CEMETERY OR CREMATORY

Druid Ridge

23d. LOCATION (City, town or county)

Pikesville, Maryland
25a. REC'D BY REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE Burgee Funeral Home

REMOVAL (Specify)

Burial

ADDRESS 3631 Falls Road

Not While at work

arihar S. Haus

director, page 3 be filed with th

TO HOSPITAL VR A15 (4) 15M 9/60

death. Page 4 may be retain TO FUNERAL DIRECTOR:

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH a. COUNTY a. STATE Baltimore the MARYLAND by the b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in the Pages 1 ars after of Madison Fort Howard 3 Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital letely papers. 3. NAME OF DECEASED (Type or print) within FILMORE McCOY carbon 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH and Male WIDOWED Colored DIVORCED event, March 12 certificate physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Truck Driver Grain Co Leesburg 13. FATHER'S NAME please 2. Then please pue John McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT removal, (Yas, no, or unkown) | (Ifyes give war or dates of service) 253-24-7359 WW-11 Clin Rec the attending physician.

nas been signed by the burial-transit permit. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA IMMEDIATE CAUSE (a) Conditions, if eny, which (b) gave rise to immadieta cause DUE TO (a), steting the underlying has hospital c. certificate has CERTIFICATION prior 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) Not While Hour a.m. et work et work 4 may be retained.

L DIRECTOR:
e 3 should be de in the State Dept. 22e. SIGNATURE ATTENDING PHYS. O HOSPITAL
death. Page 4 r director, page be filed with the 22d. ADDRESS NAME (THE THOMAS F. CRAHAN, M.D. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) TO MALONE CEMETERY BURTAL 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60

2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) a. IS RESIDENCE ON A FARM? YES NO T 4. DATE Month Day OF DEATH 1961 April IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) U.S.A. Georgia 14. MOTHER'S MAIDEN NAME Alice Richardson Address Ft Howard Division VAH Balto Md INTERVAL BETWEEN ONSET AND DEATH RECENT HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE UNKNOWN PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) 22b. DATE SIGNED STAFF DIRECTOR PHYS. VAH BALTO. MD. FT HOWARD DIVISION 23d. LOCATION (City, town or county) (Stata) MADISON, MARYLAND 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE APR 1 0 '61 arthur S. Kraus St. Clair Funeral Home, Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
7.002	CERTIFICATE OF DEATH	01000

4000	tem 14 Film G2	84 4/27/67	int	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Wh		n: Residenca before edmission)
Baltimore	MARYLAND	a. STATE Md	b. COUNTY	Dalto.
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporete limits, write RURAL	end give neerest town)
write RURAL and give nearest town)		X T		
lowson		d. STREET ADDRESS		a. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street eddress)	d. SIKEEL ADDRESS		ON A FARM?
Armacost Nursing	Home	908 Rappa	ix (ourt	YES NO
3. NAME OF First DECEASED	Middle	Lest 7 4. DF	TE Month	Day Yeer
(Type or print)	N	1 C DE	Annil	15 19 61
5. SEX 6. COLOR OR RACE 7. MARR	NED CONTROL HARDING CONTROL S	DATE OF BORTH	9. AGE (In years IF UNDE	ER 1 YEAR IF UNDER 24 HRS.
1 1 .		0 / 0	lest birthdey) Months	Days Hours Min.
muce of wille	VED DIVORCED 4	1-15-1868	9 5 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Ste	te, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
emplouee P.	Lorrilard (o	1Re/AM	vd	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
D-4 M-8		CATheRIN	e unknown	
Peter McVoy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10	6. SOCIAL SECURITY NO. 17. IN		Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	S. SOCIAL SECONTI NO. 17. IN			tt & Montros
a	19-28-1498111	A. gortaon 10	uissiong Tha	ac o moracios
1B. CAUSE OF DEATH [Enter only one cause pe	line for (a), (b), end (c).]	0		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ne dia	We and he	nache	3/NKS
11000	y wat	0 - 0 1197	- course	
DUE TO	3-11-	01/1/	- 1	10 4 1
Conditions, if eny, which geve rise to immediate cause	Malized	unition	cuaris	" ho
(a), steting the underlying DUE TO				
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
ATIC				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTROL OF CONTRIBUTIONS CONTROL OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or	Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
0 2		E OF INJURY (Home, farm, 20f.	. (City or town)	County) (State)
Hour a.m. Wh	THE THE THE	1	0 .0	
21. certify that (I) (this hospital) atte	and the decored from	June 1061	gapent	19(0/, that (I) (e) last
	1 17 11 //	780_	,	-1.
saw the degrased dive on	19.6., and that	death occured of MM,	from the causes and o	n the date stated above.
22a. SICHATURE	1	ATTENDING MED-	STAFF	SIGNED
1 Maile TOG) Orenell M.		OR PHYS.	
22c. PHYSICIAN'S	F 010	22d. ADDRESS	V - 11 -D1	
NAME (Type) ChARles	1. E DONNE	11 7501	YORK Nd	
BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY 234.	LOCATION (City, town or co	unty) (State)
REMOVAL (Specify) 4-18-61	11.1.1.1.		DAIT	m/
1 10 -1	1111			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 25b. REGISTRAR	
Leonard J. Ruck 5305	Hartord Rd.	DATE APR 1	1 01 Circhan	S. Frank
	/			

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Tokesters (a. Kingerich

Lemman I, was, 58th Margord Na.

MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Division of STATISTICAL RESEAR FOR STATE MEDICAL EXAMINER'S PLACE OF DEA 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) of Health, e. COUNTY and 3 to the funeral director. Page If any delay is necessary, MARYLAND b. CITY OR TOWN e. LENGTH OF STAY IN 16 CITY OR TOWN write RURAL and give seerest town for your 9 Board a d. NAME OF HOSPITAL in hospitel, give street eddress) STREET ADDRE . IS RESIDENCE ON A FARM? may be retained 2 with the State E YES NO NAME OF Middle DATE Month Year DECEASED OF (Type or print) DEATH 19 COLOR death. IF UNDER 24 HRS 5. SEX OR BACE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 5 m and 2 w 7 hours birthdey) Months Days Hours Min. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, every if retired) 10b. 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages pages 1 within PM3. 1 File form (Yes, no. Ar whkown) | (If yes give were release fservice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enler only one ceuse per limpfor (e), (b), end (c). Office along w burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in pencil This certificate should be Examiner's Office **DUE TO** removal. Conditions, if eny, which gave rise to immediate cause 60 DUE TO 88 (e), sleting the underlying cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) AS AUTOPSY CERTIFICATION PERFORMED? 8 execute the certificate, writing the word Id be forwarded to the Chief Medical EXEAL DIRECTOR: Page 3 should be NO A 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 6 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dey, Yeer 20f. (Cily or town) (County) (Siele) fectory, street, office bldg., etc.) 2 While Not While Hour e.m. et work el work prior p.m. should be forwarded to the FUNERAL DIRECTOR: its designated agent, prior TO DEPUTY MEDICAL EX 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATORE DEPUTY MEDICAL EXAMINER EXAMINER' NAME (Type Address (Street, city, lown, or county) BURIAL, CREMATION, PEMOVAL (Specify) 40 6 REC'D'BY REGISTRAR VS. A15ME 5M 7/59

* * * Business Is I such a such a transfer of such The State of the s The first of the former Transfell Contract to the STATE OF THE PARTY OF THE PARTY OF THE A STATE OF THE STA with the second of the part of the second of EOR STATE DEPT

TO DEPUTY MEDICAL EXA. TINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your diles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04004 4010

1.	PLACE OF DEATH				2. USUAL RESIDE	NCE (Where deceased live	d, If institution: Re	sidence before	edmission)
	Baltimore	County			a. STATE		OUNTY	1 - 7	V
		outsida corporete limits		MARYLAND LENGTH OF STAY IN 16	Maryland	(If outside corporete limits	nne Arun		\
	write RURAL and	give neerest town)	, .				Write KUKAL end	give neerest to	vn)
	Mt. Wilson	, Maryland		1 mos. 12 d	ays Annapoli	LS	V.	- 10	100
1	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hospitel,	, give street eddress)	d. STREET ADDRES	S			A FARM?
2	Mt. Wilso	n State Hos	pital		101 Woodla	wn Avenue			NO T
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey Yes	ir
	(Type or print)	Geral	.d	William	McNally	DEATH	4	12 19	61
S.	SEX	6. COLOR OR RACE	Z. MARRIEDX	NEVER MARRIED	B. DATE OF BIRTH		reers IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.
	M	W	WIDOWED	DIVORCED	11-30-06	last birth	MOIIIII D	eys Hours	Min.
		ON (Give kind of work	1Db. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stel	le or foreign country)		EN OF WHAT	COUNTRY?
do		king life, even if retired)		Ohio		II	.S.A.	
12	State Gua	ra			14. MOTHER'S MAIDER	N NA ME			
13.		MaNally			Amy B. Ho				
15	Philip F.	R IN U.S. ARMED FORCE	TES2 14 500	IAL SECURITY NO. 17.	INFORMANT		Idress		
		yesgive wer or detes of se						**	-
	No				spital Reco	ds, Mt. Wils	on State	Hospit	al
	18. CAUSE OF D	EATH [Enter only one	cause per line f	or (e), (b), end (c).]				INTERVAL BE	
		MAS CAUSED BY:	Hypox	ia of hear	t during F	neumonectomy		ONSET AND	DEVIL
	0 00	~			•	riodino rio o comj			
	~ 0 05	DUE TO	Corina	ary scleros	is			2.1	
3	Conditions, if eny	100	- Imoyor		ploural a	space			
	geve rise to immedia (e), steting the un	DITE TO	Pulmon		ulosis, far			18 y	a. re
	cause lest.	(c)	2 or Timo 1	ica j ica os o	Caro Caro g a coa	Qui valio o a		10 3	0 0,2 0
z	PART II. OTHER		IONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART		
E C									ORMED?
2		lice till c	1 25560.05 1	LONG DELINION OF COLUMN	(F.)	- 4.4 P. 4.11 C.21 - 20.1		YES X	ио П
CERTIFICATION	2De. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.			IOW INJURY OCCURED.	Enler neture of injury In P	art i of Pert II of Item Ib.,			
AL	20c. TIME OF INJUI			RY OCCURRED 200, PL	ACE OF INJURY (Home, fa	rm, ' 20f. (City or town)	(Count	ly)	(State)
MEDICAL	Hour e.m.	None	While	1401 AL HILL	tory, street, office bldg., e	tc.)			
X	p.m.	19	el work	et work	7				
	21. I certify th	at I took charge of	the remains	s described above, h	eld an Autopsy	Inspection X, In	quiry X,	and in my o	pinion
8	death resulted fi	rom: Natural cau	uses 🔀.	Accident . Suid	cide, Homicide	Undetermine	ed manner		
			1		CHIEF MEDICA	L EXAMINER			
-	ACTUAL SIGNATURE	1.2 Ca	eles		M.D. ASSISTANT ME	DICAL EXAMINER		DATE SIG	INED
	SIGNATURE	1/			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AL EXAMINER		21-04	n - 101
	EXAMINER'S NAME (Type)	D.D. CAPLES	, M.D.			, city, town, or county)		4	2-61
226	BURIAL, CREMATIO	N, 22b. DATE THEREC	OF 22c	. NAME OF CEMETERY O		22d. LOCATION (City,	town, or country)	(Ste	ta)
F	Burial	April 16.	61 H	illcrest Cer	meterv	Annapolis	Maryland	1	
	. FUNERAL DIRECTOR		- X	ADDRESS	24e. RI	Annapolis EC'D BY REGISTRAR 246.	REGISTRAR'S SIG	NATURE	
1	17-11-4	7 977	71.	21 30	DATE	APR 1 7 '61	arthur S.	Kraus	
-	Honning	Funeral Hom	e / Ar	manolis Md	I DATE .				

. . . in figure to the first figures from the first figures of the first figur on many comments.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0405

	. COUNTY Baltimor			Ma	ARYLAND	e. SJATE	esidenc yland	E (Where	deceesed lived, b. CO	If Institution: ResId	ance before	edmission)
	b. CITY OR TOWN (i	foutside corporete limi give nearest town)	ts,	c. LENGTH OF		c. CITY OI	107		rporete limits, w	ite RURAL end giv	e neerest to	wn)
		AL OR INSTITUTION (if not In ho	spitel, give street	address)	d. STREET		10			l e. IS	RESIDENCE
		ven Conv.				ve. Hoo	d Are	enue	1		_	A FARM?
3.	NAME OF	First		Midd		Lest	C MAC	4. DATE	Mo	nth De	-	
	DECEASED (Type or print)	March		Donnison		Mamana		OF DEAT	H Ann	il 1	7 10	61
- 5	SEX	New to		Dennison	RET D	Merene			9. AGE (In yee			ER 24 HRS.
	Male	6. COLOR OR RACE	7. MARRI WIDOW			lug.25,1			last birthdey		_	Min.
100	. USUAL OCCUPATI	ION (Give kind of world	10ь. І	CIND OF BUSINES				y & Stete,	or foreign countr	y) 12. CITIZEN	OF WHAT	COUNTRY?
do	Retired P	rking life, even if retire		rchivist		Wido	onsin			U.S.A		
13.	FATHER'S NAME	10103301	, a	ICHTATE		14. MOTHER'S		NAME		U.D.A	•	
	John Mere	ness				Unknow	n					
		ER IN U.S. ARMED FOR fyesgive werordetes of s		SOCIAL SECURI	TY NO. 17. 1				Addr) SS		
	no		n	one	Mis	s Eliza	beth 1	Mar ti	ndale-Sa	ume		
	18. CAUSE OF D	EATH [Enter only one	ceuse per	line for (a), (b), e	nd (c).]						INTERVAL B	
		H WAS CAUSED BY: IMMEDIATE CAUSE (e)	14	RIGIA	111 00	1 Canal	ori.	6 m	mnin	- MASOOL		orvii.
	4120.	DUE TO				0000	1-1-6	6-1	11010	100000	7	
	Conditions, if eny	11.15		015 EM	1.8			. An		4		
	geve rise to immedi	ate ceuse	C	11/1		a Run	A Prof	1 6	ceim	STON		
	(e), steting the un	nderlying DUE TO					/					
_	ceuse lest.) (c)		LITERIOR IN CO.			PLIE PERILIN	AL DISEAS	C CONDITION	UNITED IN THE REST OF THE	140 14/45	AUTOPSY
Ö	PART II. OTHER	SIGNIFICANT CONDI	HONS CO	NIKIBUTING TO L	DEATH BUT NO	DI RELATED TO	IHE TERMIN	IAL DISEAS	E CONDITION C	IVEN IN PART I(e)		ORMED?
CAI											YES	NO _
CERTIFICATION		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJ	URY OCCURED	. (Enter neture o	finjury in P	art I or Per	t II of item 18.)			
N. S.	20c. TIME OF INJU	RY Month, Dey, Ye	er 20d.	INJURY OCCURR		CE OF INJURY (City or town)	(County)		(Stete)
MEDICAL	Hour e.m.	10	Whi et wo		faci	tory, street, office	bldg., etc.)					
2	p.m.	19	1			10 /		11.	est,	7 10 /	A . (1)	() ! .
		hat (I) (this hospi							7/	7, 196.		
		ed alive on	1	19.6	, and that	death occur	red atd	ANN Tro	om the cause	s and on the		
	220. SIGNATURE	2	111	1)		ATTENDIN		NED.	STAFF _		7	2b. DATE SIGNED
	16	Him M	1/4	an	M	.D. PHYS.		RECTOR	PHYS.		4/1	8/67
	22c. PHYSICIAN'S NAME (Type)	CUV () I	_			22d. ADD	DRESS				/ .	/0/
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23		ON, 236. DATE THE	REOF	23c. NAME C	OF CEMETERY	OR CREMATOR	Y	23d. LC	CATION (City,	town or county)		(Stete)
Bu	REMOVAL (Specify)	April19	1961	Druid.	Ridge C	eme terv		Pik	esville.	Marylan	d	
	FUNERAL DIRECTOR	S SIGNATURE	7660		saua		25e. REC			REGISTRAR'S SIGN		
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4	711 7011676	COT TOTAL	11	ucher to		676	- APR	1 9 0				

TO HOSPITAL OR ATTEN.

S PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60 1.0(150

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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PLACE	DEATH	~	

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1. PLACE OF DEATH a. COUNTY BALTIMO	RE MARYLAND		re deceased lived. If institution: Reside LAND b. COUNTY	ence before odmission)
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)	Park Company of the C	7	utside corporate limits, write RURAL and	give nearest town)
COCKEYSUILLE	10 YEARS		LTIMORE	3101-
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION A SONL		d. STREET ADDRESS	BROADWAY.	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF PICEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) DERTI+F	1	MILLER	DEATH APRIL	13 1961
Partie Lance	MARRIED NEVER MARRIED	B. DATE OF BIRTH	lest birthdayl it is	Days Haurs Min.
LE W W	IDOWED 🔀 DIVORCED 🗌	3-1-1878	83 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work danduring most af working life, even if retired) HOUSEWIFE		MARYL	AND	TIZEN OF WHAT COUNTRY $U - S_i$
13. FATHER'S NAME	GROGG	14. MOTHER'S MAIDEN N	AME	
WILLIAME	DWARD	ISABI	EL A. CARRO	SLL.
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) (If yes, give wor or dates of service)		Hanh L.K	Inuth - Cock	leepvelle My
PART I. DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per line far (a), (b), ond (c).]	reflorite C	Padio	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	Vac	cula d	man	4 year
gove rise to immediate couse (o), stoting the <u>under-</u> lying cause lost.				
	IONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in P	art I or Part II of item 1B.)	
Hour o.m.		LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)		(Caunty) (State
21. I certify that (I) (this haspital) of saw the deceased alive ap	attended the deceased fram. 12 1961, and that	1-13 195 death accurred at 4. A.	12. ta 4-13 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	
22a. SIGNATURE falter	T. (Cas)	ATTENDING ME		22b, DATE SIGNED
22c. PHYSICIAN'S NAME (Type) WALTE	R T. KEES	22d. ADDRESS COCKE	YSVICLE, MO	4/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 4/15/61	23c. NAME OF CEMETERY O	or crematory rk Cemetery	23d. LOCATION (City, town, or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Baltimore, Md By REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
Wm. Cook, Inc., 1217 St	.Paul St., Balto.		R 17'61 Orthur	9 House

DATE APR 1 7 '61

arthur S. Kraus

may be retained by the haspital. Tothending physician.

D. FUNERAL DIRECTOR: After this verificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye parton, pages. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. CIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the haspital TO FUNERAL DIRECTOR: After this TO HOSPITAL OR ATTENDING

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2010	- Carrier Control	. OI PEAIII		リスリリイ
I. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased fived, If i	nstitution: Residence before admissig
•. COUNTY Baltimore		e. STATE	b. COUNT	IY
	MARYLAND	Mary]		DUDAL and nive persent town)
write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL end give neerest town)
Fort Howard	9 days	Balti	more	3001-9
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	el, give street address)	d. STREET ADDRESS		. IS RESIDENCE
Websens Administration		21.00		ON A FARM
Veterans Administratio		347 1	E. 29th Street	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) JAMES	W.	MILLER	DEATH Apri	1 10 1961
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVED MADDIED A B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
Mala		W	last birthdey)	Months Deys Hours Min.
WIDO WED		November 30,1		
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTE
	al Estate	Baltimor	re, Maryland	U.S.A.
13. FATHER'S NAME	OL DOGGE	14. MOTHER'S MAIDEN N		U.D.A.
Charles S. Miller			Dietrich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO (Yes, no, or unknown) (Ifyasgive wer or detes of service)	OCIAL SECURITY NO. 17. 1	INFORMANT	Address	
YES WW I	Cli	n Records W	Hospital, Bal	to.Md. Ft. Howard
18. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), end (c),)	m. Mecolus. Al	r mosbrear, par	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: RIGHT	LOWER LOBE P	NEUMONITIS .	CAUSE UNKNOWN	ONSET AND DEATH UN KNOWN
IMMEDIATE CAUSE (a)				ONANOWN
053 LL DUE TO				
Conditions, if eny, which) (b) SEPT	ICEMIA			UNKNOWN
geve risa to immediate causa				
(e), steting the underlying DUE TO				
couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
OSTEOMYELITIS RIGHT FIR	ST METATARSAI	JOINT		YES NO
0	RIBE HOW INJURY OCCURED		ert I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
S 20c. TIME OF INJURY Month, Day, Year 20d. IN		CE OF INJURY (Home, ferm, tory, street, office bldg., etc.)		(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. IN While n.m. 19 et work	TAOL AA UUTO	ory, siredi, office breg., etc.,		
		Annil 1	67 . Annil	10 1067 11 100 () 1
21. I certify that (K (this hospital) attended	ed the deceased from.	D 13	E1044 10	TO, IAOT, that (N) (Me) I
saw the deceased alive on April 10	1961 and that	death occured at	from the causes	and on the date stated above
22a SIGNATURE				22b. DATE
HI JA VIK	. 0		RECTOR PHYS.	4/11/61
22c. PHYSICIAN'S	ulum "	22d. ADDRESS		
NIAME (T)	, M. D.	VAH BATT	O. MD. FT HOW	ARD DTV
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	
BURIAL 5-14-61	Baltimore Na	tional	Baltimore 28,	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE 5	ADDRESS	25a. REC	D BY REGISTRAR 256. REG	
		DAYE A		wing S. Frank
Henry F. Jenkins, 4908 York	Rd. Balto. N	d. DATE A		

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TO HOSPITAL OR ATTEN' 3 PHYSICIAN: The law requires many many statements and completely filled in by the funeral seath. Page 4 may be retained by the hospital or attending physician in the and completely filled in by the funeral STO FUNERAL DIRECTOR. Affer this certificate heen signed by the attending physician and completely filled in by the funeral store for the season of the season of the statement of the statement of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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ARROWS F. CHARLES N. D. VAH, BALLO: 10. 27 HOLLED DIV.

Henry F. Jennine, 4900 York Rd. Balvo. Nd. _ 49 MA 1740; D 2 1040 August Rd.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. Nd) 4008 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods MORT d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IN puo 2 NAME OF Middle DATE Month Day Yeor filled DECEASED OF (Type or print) DEATH 1941 NCIA 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely last birthday) Months Doys Hours DIVORCED T WIDOWED A papers. yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life even if retired) Housewirk 0 m 4 and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 180 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NONE 415 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** p Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) S 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Slole) factory, street, office bldg., etc.) O. m. While Not while at work at work jo 21. I certify that I attended the deceased fram. 19. L. that I last saw the deceased and that death accurred at & Land, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL should be prior PHYSICIAN'S NAME (Type) FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City_Jawn, or county) poge (State) he

ADDRESS

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

24a. REC'D BY REGISTRAR

wilhin

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. NJ.4009

1	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Baltimore					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest temp) and alk c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) **Dundalk**					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Res., 116 German Hill Rd. 22, Md.	d. Street Address 116 German Hill Rd. 22, Md. YES Nd.					
	3. NAME OF -DECEASED (Type or print) ANTHONY ALFREDO!	MILSI 4. DATE Month Doy Year OF DEATH 4 8 196/					
)	M WIDOWED DIVORCED	DATE OF BIRTH P. AGE (In years left Under 17 YEAR IF UNDER 24 HRS. April 1, 1898 9. AGE (In years left Under 24 HRS. Manths Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beth. Steel Co						
	13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME Unknown					
	(Yes on country to the me give was as dates of service)	rs. Margaret Rose Milsi 116 German					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause tast.	HILL RO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH					
	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Inter nature of injury in Part 1 or Part 11 of item 18.)					
0	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, pry, street, office bldg., etc.) 20f. (City ar town) (County) (State)					
	21. I certify that I took charge of the remains described about death resulted from: Natural causes . Accident . Suit ACTUAL SIGNATURE . A CL C COLLINS NAME (Type) SACC COLLINS						
		CREMATORY 22d. LOCATION (City, lown, or county) (State) Ct of Jesus German Hill Rd. Md.					
0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOHN J. DUDA 7922 Wise Ave. 22, March 1988 A	d. DATEPR 1 3 '61 Cutting S. Krana					

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

(County)

Cirthur S. Thairs

DATE

12. CITIZEN OF WHAT COUNTRY?

Manths

ON A FARM? YES NOT

Year

1961

VS A15 (4) 15M 9/55

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	Commonweal
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		COUNTY R	altimore		MARYL		a. STATE		b. COUNTY	1			on)
J								arylan			ario:	-	/
	b.	. CITY OR TOWN (If RURAL and give ne	fautside carporate limi arest tawn)	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN	(If autside car	porate limits, write	RURAL and g	ive neare	est tawn)	
		Catons			10 days		Havre	deGrace	. Marylar	nd	1	17	5-
11	d.	OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS	S			e.	ON A	DENCE FARM?
les.	7		ROVE STATE	HO	SPITAL		1,56	Green	Street			YES 🗌	
	3. N.	AME OF ECEASED	Fit		Middle	111	Last	4. DAT	E / Ma	nth	Day	Ye	ear /
		ype ar print)	Cha rl	-	W.		Mitchell	OF DEA	H Upr.	ν		1	, -
	5. SE	X	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH		9. AGE (In years last birthday)				
		male	white	WIDOW	ED DIVORCED		February 8	8, 1868			Days	Haurs	Min.
,	10a.	USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OF	RINDUSTI	Y 11. BIRTHPLACE (S	tate ar foreign	cauntry)	12. CITI	ZEN OF V	VHAT CO	DUNTRY?
Н			ing life, even if retired ther	,	Ritured		Marv	land		U	. S.	Α.	
	13. F.	ATHER'S NAME		1.			14. MOTHER'S MAIDE						
		John M.	itchell				A	ddia Mi	itchell				
	15 W		R IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO.	17 INF	DRMANT	dare in		dress			
	Yes.	no, or unknown)	If yes, give war or dates of s			773		DTNO			ORDITA	DAT	
	-	unknown	220		214-16-6310	ne ne	cords: SPI	RING (ROVE ST	ATE H	OSPL'		
	1			use per li	ine far (a), (b), and (c).]		/1	7 . /				VAL BET	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTHER LICENSE (b)											
		DUE TO											
		Canditians, if a		A	rlingo	Lei	chi Ca	dera	realist)	Lycund		0.	
		gave rise to in cause (a), stating											
		lying cause last.) (0	:)(;									
	Z	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TE	ERMINAL DISE	ASE CONDITION G	IVEN IN PAR	T 1(a) 19.	WAS A	UTOPSY
	CATION	Carcinoma of prostate											
	RTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury	in Part I ar	Part 11 af item 1B.)				
	Y 2	20c. TIME OF INJUR	Y Manth, Day, Ye	ar 20d. I	NJURY OCCURRED	20e. PLAC	E OF INJURY (Hame,	form, 20f. (0	City or town)	(0	Caunty)		(State)
	MEDICAL	Haur a.m.	19	While	Nal while	facto	ry, street, affice bldg.,	etc.)	in the least	38			
		p. m.					1 00	(7		("			
			. , ,	,	ded the deceosed			1.0	April 2				
			ed alive an_AF	ril:	219_67 , and	that de	ath occurred of	M, fro	m the causes o	nd on the	dote s		
		220. SIGNATURE			M.	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 11/2/01							
		22c. PHYSICIAN'S NAME (Type)		2.3			22d. ADDRESS	SPRING	GROVE S	TATE	HOS	PITA	L
		- , ,,,-,	H. I. Cho	Lmond	elev.			CATONS	SVILLE 28.	Mary	land.		
	23a.	BURIAL, CREMATIO	N. 23b. DATE THERE	OF	23c. NAME OF CEME	TERY OR	CREMATORY	23d., L9	CATION (City, tawy)	ar caunty)		(State)
	B	REMOVAL (Specify)	4-5-1	961	angel	1/4	ll Cem	Ha	mede &	race		111	d
-	24. F	UNERAL DIRECTOR	S SIGNATURE	111	ADDRESS	1/2	V1 25a. 1	REC'D BY REC		ISTRAR'S SIG			
8	11.	Madiso	ullheh	ell	Havrede	Stro	RUMA DATE	APR 6	'61	Pathan 2	I. The	ua	

may be retained by the haspite TO FUNERAL DIRECTOR: After this TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59

rattending physician.

TO HOSPITAL OR ATTENION S PHYSICIAN: The law requires that the death certificate be executed within 24 hours africated. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be defached for use as the burial-transit permit.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14012 DIVISION OF STATISTICAL RESEARCH 4018

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	asidanca befora admission)				
) _	Baltimore MARYLAND	*. STATE Maryland b. COUNTY Bal	timore				
	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and	give nearest town)				
14	Dundalk	X Dundalk					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?				
	4140 Beechwood Road	1 4140 Beechwood Road	YES NO				
3.	NAME OF First Middle	Last 4. DATE Month	Day Year				
	(Type or print) Mrs. Mary Ellen	Mitchell OF April	8th 19 61				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1' Months D	YEAR IF UNDER 24 HRS.				
	temale white WIDOWED XX DIVORCED 1/2	uly 8, 1879 81 yrs.	Tiodis Mill.				
10	DUSUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 19. BIRTHPLACE (County & State, or foraign country) 12. CITI	ZEN OF WHAT COUNTRY				
	Housewite	Mingo Junction, Ohio	USA				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	James Cleary	Mary Roach					
15		INFORMANT Address					
(Y	as, no, or unkown) (Ifyasgivawarordatasofservice)	s. Otto H. Duker, 3rd,	same				
-	18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c).]	s. Oxco 11. Duket, yea,	I INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	markage	ONSET AND DEATH				
	IMMEDIATE CAUSE (a) CENEURA / herrorthage						
	do 11 DUE TO I have of enough		10422				
	Conditions, if any, which gave rise to immediate cause	if the state of th	10100				
	(a), stating the undarlying DUE TO		20 GEAL				
	cause last. (c) (c)						
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?				
18	Itada previous Central	Hemon Longe 1960	YES NO				
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH). (Entar natura of injury in Part I or Part II of itam 18.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL		ACE OF INJURY (Homa, farm, 20f. (City or town) (Courtory, streat, office bidg., atc.)	nty) (Stata)				
MEC	p.m. 19 at work at work						
	21. I certify that (I) (this hospital) attended the deceased from	June 4, 1969 to Capsil 8, 19.	(that (I) (we) las				
		death occured at					
	Maris G- Jeobs	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4/8/6 SIGNED				
9	22c, PHYSICIAN'S	22d. ADDRESS	110/6/				
	NAME (Typo) MERINIS A. JEECBS 14-0	1010 NUTTH Point Rd. Be	1to 24 knd				
23	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		1 1				
	Burial 4/11/61 New (athea	tral (em. Baltimore, Ma	ryland				
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	11				
1	Leonard J. Ruck 5305 Harford Roc	2d #14 DATE APR 10'61 Circling S.	/ Wall				

* ** THE COLD SOL WILD SHEET year, while H. sunes, 380; Lew tout - 1 + 100 colored 12. 20 Z 121-A LEA TO THE COLOR OF THE A SHEAR The state of the state of the The first to the first second second section factors but which is a property of the property of the contract of the con Landord J. Hard 3303 Hargard Road Stg .. Halffill .. Hard Lords MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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d within 24 h	oletely filled i	rs. Pages 1 a	ifter death.		
SICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page	attending physician. series of the attending physicion and completely filled in by the funeral director.	as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	urial, cremation, or remavol, and in any event, within 72 haurs after death.	(F	1
death certific	attending phys	please remay	in any event, w	T	
quires that the	igned by the	permit. Then	remayol, and		
: The low red	attending physician. ertificate has been sig	burial-transit	remation, or	Ô	
ICIAN	attend	as the	urial, c		

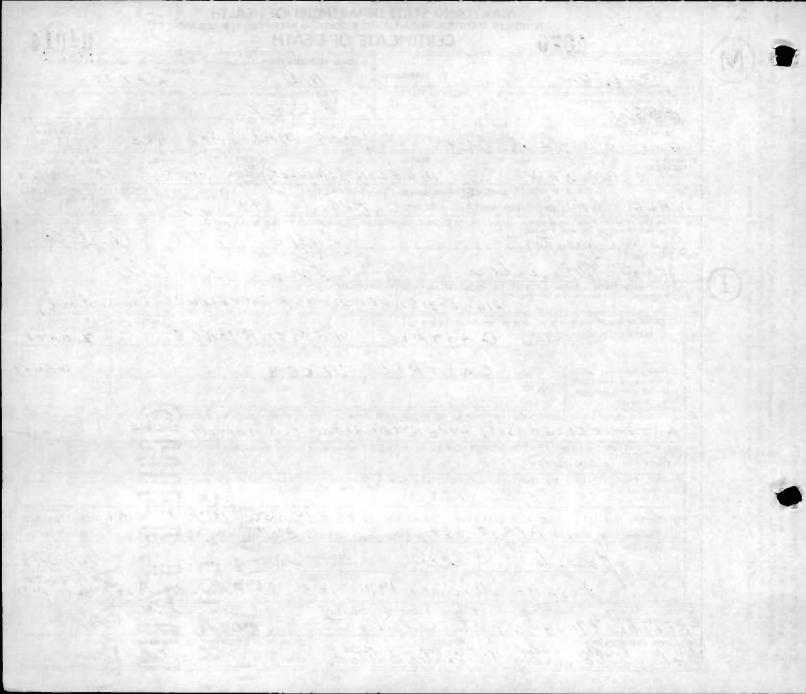
may be retained by the hospite. In attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING

VR A15 (4) 1SM 9/59

		4020	C	ERTIFICAT	E OF DEAT	H		04014
1.	o. COUNTY	TO.		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived.	If institution: Residence. COUNTY BAL	
	b. CITY OR TOWN (III RURAL and give ne	f outside corporate lim arest town)	its, write c. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside carporote lim	its, write RURAL and giv	e nearest town)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, s)	d Ave		d. STREET ADDRES	MARYLAN	O AVE	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	NOREW	rst B	Middle MUELL	ER (MILL	ER DEATH A	PRIL 1	Day Year 19 6
	MALE	6. COLOR OR RACE WHITE	7. MARRIED NEV	DIVORCED [AVG. 10	1894 6	birthday) Months De	YEAR IF UNDER 24 HRS. ays Hours Min,
	Crain (ON (Give kind of work in life, even if retired for the life, even if retired for the life in l	done 10b. KIND OF BU	JSINESS OR INDUS	Balt	o, The	d, 12. CITIZE	NOF WHAT COUNTRY?
1	John	Mue	ller		14. MOTHER'S MAID	EN NAME	rtell	
18	5. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of	216 -10		FORMANT DISTANCE	E MUELL	ER (Same a	esabore)
		TH [Enter anly one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	ouse per line for (a), (b) GAS), ond (c).] TRIC	HEM	ORR HA	LE	INTERVAL BETWEEN ONSET AND DEATH APAYA
	Conditions, if or gove rise to it couse (o), stating lying couse lost.	mmediate (GAS	TRIC	VLCE	R		2 WEEK
CEPTIEICATION	PART II. OTH ARTER		0515, 441	PERTEI	vsien, or	ERMINAL DISEASE COND	PLEG-IA	19. WAS AUTOPSY PERFORMED? YES NO
		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW			y in Port I ar Part II of it	44-5	
MAPDICAL		19	While Nat war at work at work	hile fact	ary, street, affice bldg.	form, 20f. (City or tow , etc.)	n) (Co	unty) (State)
	21. I certify that saw the deceas	t (1) (this haspitaled, alive on 13	l) attended the de PR10 196	eceased fram and that de	eath occurred as	1950, ta AP		, that (I) (we) last date stated abave.
	22a. SIGNATURE	Poseple	Mu	el .	A.D. PHYS.	MED. STA	FF S. \square	22b. DATE SIGNED 4/14/6/
	22c. PHYSICIAN'S NAME (Type)	DOSEP	n Mic.	EC, MI	22d. ADDRESS 108	S. TAY	LOR AVE	BALTO 21 MI
	3a. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	4-14-	61 Sac	e of CEMETERY OF	art	Back	City, town, or county)	m d'state)
2.	John J.	Connel	ly 418 62	stern 6	Blud, DATE	APR 1 7 '61	256. REGISTRAR'S SIGN	1.0



TO HOSPITAL OR ATTENDING M. ACIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 1	may be retained by the haspital stateding physician. TO FUNERAL DIRECTOR: After this Scriffical has been signed by the attending physician and campletely filled in by the funeral director. TO FUNERAL DIRECTOR: After this Scriffical has been signed by the attending physician and campletely filled in by the funeral director.	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.
TO HOSPITAL OR ATTENDING P	TO FUNERAL DIRECTOR: After this certificate has been signed 3 thanks to the contract of the transfer of the purificance of the certificate of the	the State Board of Health prior to

VR ATS (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 4021

	4021		CERTIFICA	ATE	OF DEATH				041	115
1. PLACE OF DEATH a. COUNTY	Bal timore		MARYLAND	2.	USUAL RESIDENCE (Who state Marvla:		l lived. If institution b. COUNTY		before odm	ission)
b. CITY OR TOWN (I RURAL ond give no	If outside corporate limits, earest town)	write c.	LENGTH OF STAY IN 16		c. CITY OR TOWN (If or	utside corpo	rate limits, write RL	JRAL ond give	e nearest to	wn)
	Overlea		Life	X	Overle	a				
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give		ress)		d. STREET ADDRESS	O a sa al-sea	.77 /		ON	A FARM?
		/ 6/	A41.14	11-11		Cardwe				
3. NAME OF DECEASED (Type or print)	First	90	Middle T.	3/11	ıllen	4. DATE OF DEATH	Moni	n ri7	Day 27	Year 19 67
S. SEX			NEVER MARRIED	ATO.	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	
Male		IDOWED [D	ec. 28. 190	,	last birthday) 56 yrs.	Months De	ays Haur	s Min.
100. USUAL OCCUPATION	ON (Give kind of work do king life, even if retired)	ne 10b. KIN	D OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY?
Consult	cant		Insurance		Balto	. Md.			US A	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N	AME				
	Harry L.	Mull	Una a			Butler			9	
15. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give war or dates of servi	S? 16. SOC	CIAL SECURITY NO. 17.	INFOR	MANT		Addr	ess		
No		278-	-10-6789 M	rs.	Mary M. Mu	lhen	11274 Ca	rdwell	Ave.	6
18. CAUSE OF DEA	ATH [Enter anly one cous	e per line fo	or (g), (b) ond (c).] e		(1	Va. V	011 120	1) 1	INTERVAL ONSET AN	BETWEEN
PART I. DEA	ATH WAS CAUSED BY:		(april	ne	mai	voc	avige	rygg	יוואלואלו	TO CALL
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(3 3.0		111	ulh h	OVE	alonain	1	* Int	allen	0	
Conditions, if a	mmediate (D)_	100		~~			214	4	7.	
cause (a), stoting lying couse lost.	the under-							/		
PART II. OTH	HER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	JT NOT	RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART 1	(a) 19. WA PERF YES [ORMED
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIB	E HOW INJURY OCCURE	RED. (Er	nter nature of injury in P	art I or Port	t II of item 18.)	-55		
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Year	20d. INJUI While of work	Not while_	octory,	OF INJURY (Home, farm, street, office bldg, etc.	20f. (City	or town)	(Con	unty)	(Stote)
21. I certify the	ot (I) (this haspital)	tended	0. No!	//	n accurred at	o/,.ta_	Up			(we) last
220. SIGNATURE	uk 1 Ka	rik	, John Hall	M.D.	ATTENDING ME		STAFF PHYS.	a dii iile (22b. DATI SIGNED
22c. PHYSICIAN'S NAME (Type)	FRANK	Tik	ASIK		22d. ADDRESS	Ha	ford	Ref 1	14) ne
REMOVAL (Specify)	11 - 4	23	3c. NAME OF CEMETERY	OR CRI	EMATORY		TION (City, town, c	,	(SI	ote)
Burial	14-25-1961		Holy Red	o em	er lac		Balto. M		LATURE	
24. FUNERAL DIRECTOR	Tenenal Hors	0	THOU BU	916	Red DAMPR	2 6 '61		TRAR'S SIGN		
Carroll M	THE WELL	-	101 Duce	un.	1 19 11	2001	CAM	-, a, /W	49.00	

TO HOSPITAL OR ATTEN S. PHYSICIAN: The law requires that the death certificate be executed within 24 hours about death. Page 4 may be retain to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death,

VR A15 (4) 15M 9/60

		MARIL	AND STATE DE	PAKIMENI OF	HEALIN	
DIVISION	OF STATISTICAL	RESEARC	CH AND RECORDS	301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
	4022		CERTIFICAT	E OF DEATH		040

4022	CERTIFICATI	OF DEATH	04018
1. PLACE OF DEATH 3. COUNTY Baltimore	MARYLAND	a. STATE Md.	ived, If institution: Rasidanca before admission, county Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Park ville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete lim	its, write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not i	n hospital, give straet addrass)	1 2829 Linwood Av	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle M. M.	Lest 4. DATE OF DEATH A	Month Day Yeer nnil 23 19 61
1 1 1 . ,	ARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (1 last bir 78	n yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	UST.
John J. //wphy. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (lifyesgive weror dates of service)	16. SOCIAL SECURITY NO. 17.	Margaret A. Hunt	Address
18. CAUSE OF DEATH [Enter only one cause	par line for (e), (b), end (c).	is Gertrude M. McWi	Company Same Interval Between ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ongestive Heart	facture & pulmonary	ordina unknown
Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last. (c)	artiris selva	eastelis ssis	Mukenows
	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 1
	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Part II of itam	18.)
Hour a.m.		CE OF INJURY (Home, ferm, 20f. (City or town ory, street, office bldg., etc.)	r) (County) (State)
21. I certify that (I) (this hospital) a saw the deceased alive on		death occured at . A. M, from the c	
harlin P. Goed	, 0	ATTENDING MED. STAF	22b. DATE SIGNE
2%c. PHYSICIAN'S NAME (TYPE) Charles R. Gol	dsborough, M.D.	2923 Saint Paul St	reet Balto. 18, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4-26-6	1 New (athed)	10,01.	City, town or county) (Stele) One. Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Handand Rd		256. REGISTRAR'S SIGNATURE Chilling S. Krank

31026 . in hoomid new Law Toboto and Lates and Charlenge II. Fluet The solo, " nanchite lived yesterdale in the challenne and the state of the tradeous of which was the many The way was to the total Me learness the first war with 111 6. 7. 1. - a mark of the Assessment The state of the last than the state of the 4-76-61 New Carriedness Consider Section Section - 2016 Late 3 , we 3 , we fold the

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH Film G285 || 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND BALTIMORK LRYLAND c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and giva neerest town) STRMMERS RUN STEMMERS. RUN e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 121 GOLDIEN RING 7121 GOLDEN. RING ROAD YES NO K NAME OF DATE Dev Yes Middle Month DECEASED DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | 5. SEX IF UNDER 24 HRS. 1905 9. last birth day) MALK WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired U.SA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME William Nake Anna Ripken 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Golden Ring Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end(c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Perotec Clardio Vasenlar Conditions, if eny, which gava risa to immediate ceuse DUE TO (a), steting the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work p.m 21. I certify that (I) (this hospital) attended the deceased from about 1.5., 1961, to apply 16..., 1961, that (I) (we) last 19.61, and that death occured at P.P.M. from the causes and on the date stated above. saw the deceased alive on CON 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

fter DIRECTOR: should death. Page 4 lines. Ito FUNERAL I director, page 3 be filed with the HOSPITAL sath. Page 4

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physician

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death.

VR A15 (4) 15M 9/60

WITHERAD CEM

23a, BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

(State)

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

ASSESSMENT OF THE STREET OF TH WAS ESTABLISHED TO A STATE OF STREET That Golden Feed And Seed Sand State WILLIAM DEFINE WANTE APPLIED AND SOME THE STATE OF alerte strate least to the deal barrier To see Jan applied the sale of the sale o 19/20/2 The second secon BONDAL ARROLD PRODUCTION COME BUSINESS LINES TRANSPORT hand to wat the select the the the training the select the

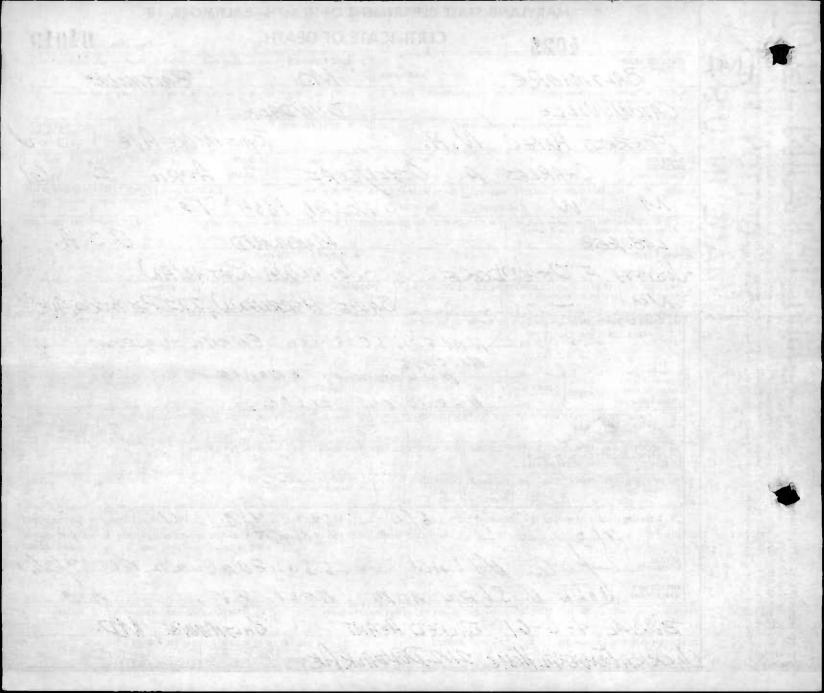
1	_ /	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
(LO24 CERTIFICATE OF DEATHWK Reg. Dist. No. 194018
dire filed wit	X	1. PLACE OF DEATH o. COUNTY Bulling the Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland 3. STATE Maryland 4. STATE Maryland 5. STATE Maryland 6. STATE Maryland 6. STATE Maryland 7. STATE Maryland 8. STATE Maryland 8. STATE Maryland 8. STATE Maryland 9. STATE Maryland 1. STATE
funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
by the	X	d. NAME OF HOSPITAL (If not infospital, give preet odd ess) of the form of the state of the stat
illed in		3. NAME OF DECEASED (Appelor print) Margaret amelia Nesline 4. DATE OF DEATH OF DAY Year 196)
s within		5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH 9. AGE (V) yeors lost by Inday) WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED DIVORCED WIDOWED NEVER MARRIED NEVER M
d camp		10a. USUAL OCCUPATION (give kind of work done 10b LIND OF BUSINESS OR INDUSTRY 11. BUTTHPLACE (Stote enforcing country) 12. CITIZEN OF WHAT COUNTRY:
cian and carban s after de	(T)	13. ATHER'S MAIDEN NAME POSELAND Zieglers
g physic remove 72 haur	(-)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMAN) Address (Yes, no, or unknown) (If yes, give wor or date, of service)
attendir please within		18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) ONSET AND DEATH ONSET AND DEATH
by the tr. There y event		Conditions, if any, which) (b) (conditions, if any, which)
signed signed t permi d in an		gave rise to immediate couse (a), solid the under-
hysician s been al-transi		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEN?
AN: The		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)
certifuse as t		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. gr. 19 Of work of wo
hospite After the ned far ial, cre		21. I certify that lightended the deceased from 1953 to 1967, 1967, that I last saw the deceased
by the CTOR:	1	ACTUAL ADDRESS (Street, city or to(m, state) ACTUAL
AL DIRE	-	PHYSICIAN'S FRANK T. KASIK BALTO 14 Md.
FUNER oge 3 she regist	No.	220. BURIAL, CREMATION, Page 17) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
5 5 0 =	IK.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
VS A15 (4) 15M 9/55	- 178	Costum & Home 1401 034/agr 124, DATEAPR 26'61 Cashun & Home

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VS A15 (4) 15M 9/5B

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

	4025		CERTIFICA	ATE OF DEA	ATH	Reg	Dist. Nol	019
1. PLACE OF DEATH a. COUNTY	LTIMOR.	2	MARYLAND	2. USUAL RESIDENCE	E (Where deceased	lived. If institution: Reb. GOUNTY	sidence befare admi	issian)
RURAL and give	SUILLE		IGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carpor	ate limits, write RURAL		
d. NAME OF HOS		give street address)	, H.	d. STREET ADDRE	BALT	MORE AV	1- ON	A FARM?
3. NAME OF DECEASED (Type or print)	CHARL	ES A.	Middle	YDORF	4. DATE OF DEATH	APRIL	Day 2	Year 1961
5. SEX	w	WIDOWED [DIVORCED [Nov. 24	1884	Man yrs.	ths Days Haur	T
10a. USUAL OCCUPA during most of w	TION (Give kind af wark varking life, even if retire	(dane 10b. KIND C	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign car	untry) 12	1. J. f	COUNTRY
13. FATHER'S NAME	F. O.575	ENDOR	-	14. MOTHER'S MAIL	DEN NAME	THUGN		
15. WAS DECEASED E	(If yes, give wor or dates of		SECURITY NO.	NEORMANT HE	ERUANI	Address 222PA	TAPSOF	94.
	DEATH [Enter anly and a DEATH WAS CAUSED BY: IMMEDIATE CAUSE		a), (b), and (c).]	e (smar)	en en	Min - 112	INTERVAL I	BETWEEN ID DEATH
422 Canditians, it	DUE T	0 011	repse	2011		1110 VAS		
gave rise to cause (a), stati lying cause la	immediate ng the <u>under-</u> DUE T	(c) // 6	s colore	of the	DELC-			
PART II. (OTHER SIGNIFICANT CO		BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN IN	PERF	S AUTOPSY FORMED?
OR CONTRIBUTI	WAS UNDERLYING AND CAUSE OF DEATH OF MEDICAL EXAMINER	н	OW INJURY OCCURRE	D. (Enter nature af inju	ry in Part I ar Part	II af item 18.)		
20c. TIME OF IN.	n. 10	While N	at while fa	ACE OF INJURY (Hame, ctary, street, affice bldg	, farm, 20f. (City ., etc.)	ar tawn)	(Caunty)	(State
21. I certify alive an	that I attended th	e deceased fro	om. 6/1	, 1959, to	-11	, 196_/,that		
ACTUAL	112	de	2 ond mar dean	occorred dizz		the causes and an		ATE SIGNED
PHYSICIAN'S NAME (Type)	laha a	1.560	al pa. m	m.v	1. 21	THE WORLD	has	76,
22a. BURIAL, CREMA REMOVAL (Spec		6/ 70	NAME OF CEMETERY O	R CREMATORY	22d LOCATI	ON (City, tawn, ar cau	nty) (St	ate)
23. FUNERAL DIRECTO	OR'S SIGNATURE	House 2	DDRESS DUND	PLK AL DAT		RAR 246. REGISTRAR		



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 Litside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) 5after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET IS RESIDENCE ON A FARM? YES NO ietely NAME OF Middle DATE DECEASED OF comple (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR OR RACE IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and carbo lest birthdey) Months Devs Hours WIDOWED DIVORCED physician 106. KIND OF BUSINESS OR INDIVITRY 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired 13. FATHER'S NAME 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORM (Yes, no, or unkown) | (Ifyesgive weror detes of service 18. CAUSE OF DEATH Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse DUE TO (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) Not While factory, street, office bldg., etc.) While et work et work p.m. 19 (we) last saw the deceased alive on. , and that death occured at from the causes and on the date stated above. DATE ATTENDING STAFF SLENED DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S ector, 23e. BURIAL, CREMATION, 23d. LOCATION 0 늉 REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chilles S. Trans '61 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (14)21

1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) b. COUNTY				
	Baltimor	e	MARYLAND	Maryland b. COUNTY Baltimore				
		f outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write RURAL	end give neerest (own)		
	Fort How		14 Days	Lansdowne	X			
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	Veterans	Administratio	n Hospital	207 Fourt	h Avenue	YES NO		
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer		
	(Type or print)	IONNIE	G. P.	ARKER	DEATH April	26 1961		
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.		
	Male			March 7, 190	lest birthdey) Months O yrs.	Deys Hours Min.		
10	. USUAL OCCUPAT		b. KIND OF BUSINESS OR INDUS R			CITIZEN OF WHAT COUNTRY?		
"	Mechanic		Auto Repair Shop	Craven Cou	enty, N. Carolina	U. S. A.		
13	. FATHER'S NAME	, ,		14. MOTHER'S MAIDEN				
	/Sylvester	G. Parker		Elizabeth B	Ballard			
	. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address			
(1	Yes (I	fyesgive wer or detes of service)	239-16-9194 CI	inical Recor	ds, VAH, Balto. 18, Md	.Ft.Howard Div		
=	18. CAUSE OF E	EATH (Enter only one cause	per line for (e), (b), end (c).]			INTERVAL BETWEEN		
		H WAS CAUSED BY: IMMEDIATE CAUSE (a) PU	IMONARY HEMORRHA	GE. MASSIVE		ACUTE		
	11.3V	DUE TO	MIOINALL MARIOTAGE	on, indicate				
	Conditions, if eny	CA	RCINOMA, RIGHT L	ING		2 YEARS		
	geve rise to immedi	iete ceuse	1120111 2	0210				
	(e), steting the u	nderlying DUE TO						
1,	cause lest.	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PA	ART 1(a): 19 WAS AUTOPSY		
CERTIFICATION	The second second	SCESS, RIGHT M		TREEATED TO THE TERMI	INAL DISEASE CONDITION OF THE INVEST	PERFORMED? YES NO X		
CERTIFI	OR CONTRIBUTING	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	V		CE OF INJURY (Home, fer ory, street, office bldg., etc		County) (State)		
	21. I certify t	hat (* (this hospital) at sed alive on April	itended the deceased from 26 1961 and that	April 12:30	19.61 to April 26 , 1	19.61, that (*) (we) last		
	22e. SIGNATURE	1 100	/ / /			22b. DATE		
	Hen	-XXX Hall	en M		MED. STAFF DIRECTOR PHYS.	4/26/8		
	22c. PHYSICIAN'S	The Tear	east m	22d. ADDRESS				
	THOMAS F	. CRAHAN. M.D.		VAH, BALTO	.18.MD.FORT HOWARD	DIVISION		
23	Be. BURIAL, CREMATI	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or con			
l .	REMOVAL (Specify)	4-27-6	/ Bridgeton Ce	metery	New Bern, Nort	th Carolina		
24	FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 256. REGISTRAR	S SIGNATURE		
W	m.Cook-Bli	ght, Inc. 6009	Harford Road, Bal	to. 14 MODATE MI	AY 1 '61 arthur .	d. / Walla		
1	The second second	9 7		/				

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4-27-6/ Bridgeton Cemerary T 100 Bear, Toth Children

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Baltimore ryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) writa RURAL and giva nearest town) .= Catonsville Baltimore Pages filled d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Wilkins YES NO NO House In The Pines-16FustingAve 2426 completely papers. NAME OF Month DECEASED MARY E. PARKS DEATH April 61 (Typa or print) 19 carbon 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) pue Months Female White WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) remove dona during most of working life, aven if retired House-wife At Home Baltimore Maryland USA. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please attending John Bauer Elizabeth Horn Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address noval. (Yas, no, or unkown) | (Ifyesgiva war or dates of sarvice) 经验证证证的证法证证 Ennis-6430Gaull No Mrs. Lillian the INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 11.12. IMMEDIATE CAUSE (a) DUE TO ardio- Varcular-Renal Discusse Conditions, if any, which gava rise to immadiate causa DUE TO (e), steting the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 PERFORMED? as 0 NO X use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., atc. Whila Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 3-18-1, 1961, to 4-17-, 1961, that (I) (we) last 1967 and that death occurred at 2000, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED STAFF DIRECTOR PHYS. M.D. 2630215 FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOI REMOVAL (Specify) OI BURLI Baltimore Baltimore Mary landure by REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL-DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Dithur & Thous 15M 9/60 Eusaw Place DATE APR 21

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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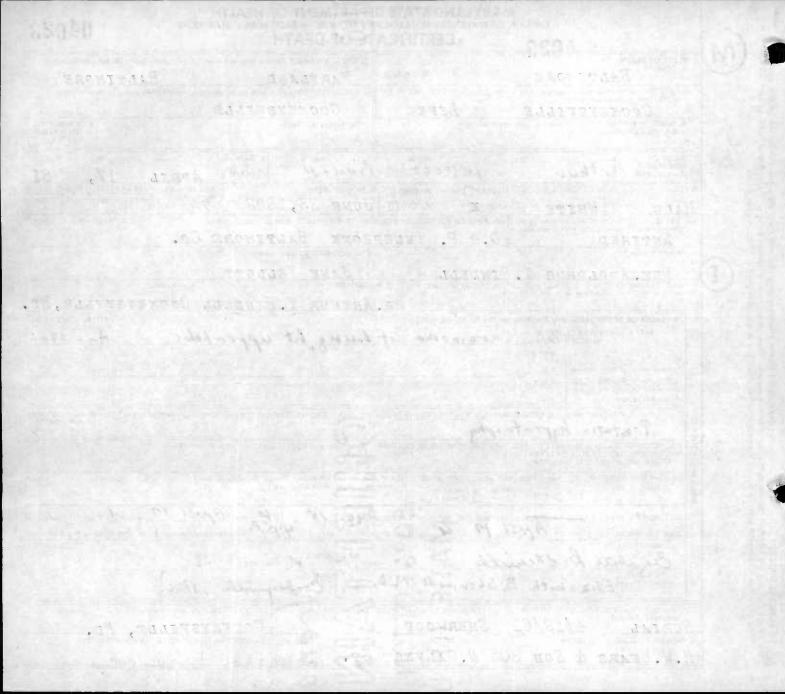
4029

TO HOSPITAL OR ATTENDING IT XSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospite of the other physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/59

o. COUNTY B.	ALTIMORE	MARYLAND	2. USUAL RESIDENCE (WAR AND	b. COUNTY	BALTIMO	
RURAL ond give	KEYSVILLE	c. LENGTH OF STAY IN 16	COCKEYS	outside carporate limits, write RUSVILLE		
d. NAME OF HOSI OR INSTITUTION	PITAL (If nat in haspitol, give street N	address)	d. STREET ADDRESS			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	tuthur First	Yellott Middle	Pindell	4. DATE Mont OF DEATH APRI	17	Yeor 19 61
S. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH JUNE 23, 18	lost bistbalasi	Manths Days	IF UNDER 24 HRS Haurs Min.
MALE	ION (Give kind of wark dane 10b				12 CITIZEN OF	WHAT COUNTRY
during most of w	arking life, even if retired)		-	TIMORE Co.	TI. CITIZZIA OI	WHATCOOKIKI
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME	31-11-11	The last
REV.A	DOLPHUS T.PI	NDELL	JANE YEI	LLOTT		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	Addr	ess	MI SELD
		NR.	ARTHUR Y.	PINDELL COC	KEYSVI.	LLE, MD.
	EATH [Enter only one couse per l	ine far (a), (b), and (c).]				RVAL BETWEEN ET AND, DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	creinomo of	hung ht.	upperlobe	AL	cg 1960
1/2	DUE TO		01	11		0
Conditions, if	any, which)				183.00	
gave rise ta	immediate (THE PERSON NAMED IN		
lying cause los	g rne under-					
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART I(a) 1	9. WAS AUTOPSY
	tatia hypertuo		THO REDUIED TO THE TERM	THE DISEASE CONDITION ON	LIVING NO.	PERFORMED?
5 11.0S			D (February) of injury in	Part I as Part II of item 18 \		YES NO N
OR CONTRIBUTION	MAS UNDERLYING 20b. DES NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	ron I ar ran II ai ilem 10.)		
20c. TIME OF INJ Haur a. m p. m	While	1 1-	ACE OF INJURY (Home, farm octary, street, affice bldg., etc		(County)	(Stote
21. I certify t	hat (I) (this hespital) atten	ded the deceased fram.	Aya. 15 19	60 to April 1.	7, 19 61, th	at (I) (we) las
	ased alive on April	17 19 61 and that	death occurred of 4:16	M, from the causes and		
22a. SIGNATURE	0					22b. DATE
Elial	tel B. Sherice	12	M.D. PHYS. M	ED. STAFF RECTOR PHYS.		SIGNED
22c. PHYSICIAN'S NAME (Type		Sheurill, M.D	22d. ADDRESS Co Ches	joville, Mel.		
	ION, 23b, DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tawn, o	ir caunty)	(State)
REMOVAL (Speci	4/19/61	SHERWOOD		COCKEYSVIL	LE. MD	
24. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS	25a. REC'		TRAR'S SIGNATU	RE
H.W. MEA	RS & SON 805	N. CALVERT	ST. DATE DA	3 1 9 '61 Ox	. 04	
				119'61 OX	Town	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4030 CERTIFICATE OF DEATH

()4024

	PLACE OF DEATH				2. USUAL RI	ESIDENCE (When	e deceasad lived, If	institution: Ras	Idence before a	dmission)
	Baltimore			MARYLAND		yland	b. COUN	Anne	Arunde	997
	b. CITY OR TOWN (if	foutsida corporate limit give nearest town)	5,	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside	corporata limits, write	a RURAL and g	jive neerest tow	n)
	Fort Howa:			9 Days	Ann	apolis		03	10-	2
	d. NAME OF HOSPIT	AL OR INSTITUTION (i	f not in hos	pital, giva streat addrass)	d. STREET A					SIDENCE
)	Veterans A	Administrat	ion H	Ospital	37	Larkin St	treet	- Carrie		NO J
	NAME OF DECEASED	First		Middle	Last	4. DAT	TE Month	1	Dey Year	
	(Type or print)	ALF			PINKSTO	N DEA	Apri		7 19	
5.	SEX		7. MARRIE	D NEVER MARRIED	DATE OF BIRTH		9. AGE (In years last birthday)	Months De		24 HRS.
	Male	Colored	WIDOWE	D X DIVORCED	Februar	y 5,1897	64 yrs.	Months De	ys Hours	Min.
10e	. USUAL OCCUPATI	ON (Giva kind of work rking life, even if retira	d) IDb. K	IND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLA	CE (County & State	, or foreign country)	12. CITIZE	EN OF WHAT C	OUNTRY?
	Cook			S. Navy Academy	East P	olaka,Flo	orida	U.	S. A.	
13.	FATHER'S NAME				14. MOTHER'S					
	Franklin	Pinkston			Fannie	Wilson				
		R IN U.S. ARMED FOR			INFORMANT	H. L. S.	Address	_		
(16	Yes	www.T	arvice)	F	RT HOWAR	BCBTVISY	H, Baltimo	re 18,1	Md.	
	18. CAUSE OF D	EATH [Enter only one	cause per l	ine for (a), (b), and (c).]					INTERVAL BET	
		H WAS CAUSED BY:	CON	GESTIVE HEART	FATTIRE				SUDDEN	210111
	60) 3 11	XXXXXXX						710-10	-CODDEN	
	6 100	4	CAR	CINOMA OF PANC	REAS WIT	H METASTA	ASES		1 YEAR	
	Conditions, if any geverise to immedia	1-1-								
	(a), steting the un									
	ceuse lest.	(c)_								
ATION		significant conditions is,		ralized. Diab	etes Mel		ASE CONDITION GIV	EN IN PART 1	PERFO	NO A
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	CRIBE HOW INJURY OCCURE). (Enter nature of	injury in Part I or P	art II of item 18.)			
	20c. TIME OF INJU		er 20d.	INJURY OCCURRED 2De. PL/	ACE OF INJURY (H	loma, farm, ' 2Df.	(City or town)	(Count	(y)	(Stete)
MEDICAL	Hour a.m.		While	aNot While fac	tory, street, offica					
×	p.m.	19	et wo			1				
				ded the deceased from			to April			
	saw the deceas	ed alive on AP	ril 2	7 1961 , and tha	t death occur	ed al. X.M, f	rom the causes	and on the	e date stated	d above.
	22a. SIGNATURE	PM	A	/	ATTENDING	G MED.	STAFF		22b	. DATE
	1	nomas 5	TO M	han 1	A.D. PHYS.	DIRECTOR			4,	/28/6:
	22c. PHYSICIAN'S		Leca		22d. ADDI	RESS				
	NAME (IYA)	MAS F. CRA	HAN.	M.D.	VAH . B	ATTTMORE	18,MD.,FT	HOWAR	D DTVIS	TON
23:		ON, 236. DATE THE		23c NAME OF CEMETERY	OR CREMATORY	2300	LOCATION (City, to			tate)
	REMOVAL (Specify) Burial	5-21	961	nations	el	4	ma,	111	d.	
24	FUNERAL DIRECTOR	'S SIGNATURE	101	ADDRESS		25a. REC'D BY RE	GISTRAR 256, RE	GISTRAR SOSI	CHATURE	
		3//-	Roan	**		DATE MAY 1	'61 0	withing d.	1 Change	
	Reese Mor	cuary ////	1 Les	ett Annapoli	s. Md.	DVIE MOLES				

TO HOSPITAL OR ALTENN 3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-itensit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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TO DEPUTY MEDICAL EX. TINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, whiting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4031 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4025

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. STATE Md b. COUNTY Balto a
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. Sker Address 110 o. Is residence on a farm? Yes No Market
3. NAME OF DECEASED (Type or print) Renly Bennett Pitting	ger Last 4. DATE OF April 29,1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH SEpt. 23,1896 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours Min. Months Days Hours Min. Min.
10e. USUAL OCCUPATION (Give kind of work done during may of working life, even if relired) 13. FATHER'S NAME 7. Pittinger	11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? U • S • A 14. MOTHER'S MAIDEN NAME 7. Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 4201 DUE TO	y thrombosis Interval Between Onset and Death
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enter neture of Injury In Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (City or town) (County) (Stete)
21. I certify that I took charge of the remains described above, death resulted from: Natural causes Accident . Su ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S COO. S. M. Kieffer H.D. 22 DURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	Address (Street, city, town, or county) 1010 Leeds Ave (29)
22- FUNERAL DIRECTOR 220. DATE THEREOF 222. NAME OF CEMETERS 222. NAME OF CEMETERS 224. NAME OF CEMETERS 226. NAME OF CEMETERS 226. NAME OF CEMETERS 226. NAME OF CEMETERS 227. NAME OF CEMETERS 228.	Parks Salty Mel
Muchalt + don Catonsvil	DATE MAY 3 '61 Owling & H.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Ral tri more MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write ROKAL and give nearest town) write RURAL and give nearest town) filled in ! after 267 Davs Fort Howard Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 27 Hazel Avenue YES NO K Veterans Administration Hospital 3. NAME OF 4. DATE Month Dev DECEASED (Type or print) DEATH 1961 Potter April Philip 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) WIDOWED [DIVORCED July 4, 1876 physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Railroad U.S.A. Trainman Baltimore Maryland 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending Mary Connelly Benjamin F Potter | Mary (
. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive wer or dates of service) 705-05-6084 Clin Rec VAH Baltimore Md - Ft Howard Division the 1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 WEEKS BRONCHO PNEUMONTA IMMEDIATE CAUSE (e) DUE TO UPPER GASTRO-INTESTINAL BLEEDING, UNDETERMINED Conditions, if any, which 3 WEEKS geve rise to immadiate cause ETIOLOGY UNKNOWN DUE TO (a), stating the underlying ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH DECOMPENSATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY certificate PERFORMED? NO Y CEREBRAL ARTERIOSCLEROSIS 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that N (this hospital) attended the deceased from July 1, 1960, to April 7, 1961, that N (we) last saw the deceased alive on April 7, and that death occurred at p. M, from the causes and on the date stated above. 22e. SIGNATURE SIGNED ATTENDING DIRECTOR 1-8-61 death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Arthur T. Faulk VAH Baltimore Md - Ft Howard Division 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 4/11/61 OI Burial Baltimore National 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Howard H Hubbard Funeral Home Raltimore arthur & Firaus DATE APR 1 0 '61

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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04027

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institution: b. COUNTY	Residence befare admission)
Balt imore	MARYLAND	Mary		/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			tside corporote limits, write RURA	AL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give stre	lytlidys	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION			3 VC	ON A FARM? YES NO NO
	HOSPITAL		Street	<u> </u>
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) Catherine	Overby	Powell	DEATH Apri	
S. SEX 6. COLOR OR RACE 7. M.	ARRIED 🔀 NEVER MARRIED 🔲	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
female white wind	WED DIVORCED	Jan. 14, 191;	200 AND 1	lonins boys 11001s Mill.
10a. USUAL OCCUPATION (Give kind of work done 1	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
during mast af warking life, even if retired) housewife		Maryland		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	0. 5. 11.
		Manue	T Deal-	
William Bunch IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	A COCIAL CECURITY NO. 17 W	NFORMANT MALY	E. Beck	
(Yes, no, or unknown) (If yes, give war or doles of service)			Address	
no	unknown Re	ecords: SPRING	G CROVE STATE	HOSPITAL
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Septicemia			ONOLI AND DEATH
DUE TO				
0 20	Retroperoneal Ab	Scess		
gave rise to immediate	no or operonour me	550055		
cause (a), stating the under-				
lying cause last.) (c)				TOTAL STATE OF THE
PART II. OTHER SIGNIFICANT CONDITION	4S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN	PERFORMED?
A T				YES NO
PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Port II of item 18.)	
		ACE OF INJURY (Home, form,		(County) (State
Hour o.m. p. m. 19 of	work ot work	ictory, street, office bldg., etc.)		
		April 4 100	ol . April 13	. 19_61, that (I) (we) las
21. I certify that (I) (this hospital) otte			, .10	
saw the deceased alive an April	13 19 OL and that a	deoth occurred of a.	M, fram the couses ond	on the dote stated above
22a. SIGNATURE	0 0.	ATTENDING ME	D. STAFF	22b. DATE SIGNED
Stella No	cusus	M.D. PHYS. by DIR	ECTOR PHYS.	4-13-61
22c. PHYSICIAN'S NAME (Type) Stella Wach	olom M D	22d. ADDRESS SPR	ING GROVE STA	E HOSPITAL
Joseph Sterra vacu	oler, m.	Cato	onsville 28, Ma	my land
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, ar	
REMOVAL (Specify)				
Burial 4/17/61 24. FUNERAL DIRECTOR'S SIGNATURE	Meadow R		Balto Md.	RAR'S SIGNATURE
Wm. Cook, Inc., 1217 St.		0 1/1		1 S. Kraus
WIII. GOOK, THE., 121/ St.	raul St., Dallo	. Z, Ma. DATE DR	17'61 Onthu	1 d. Malla

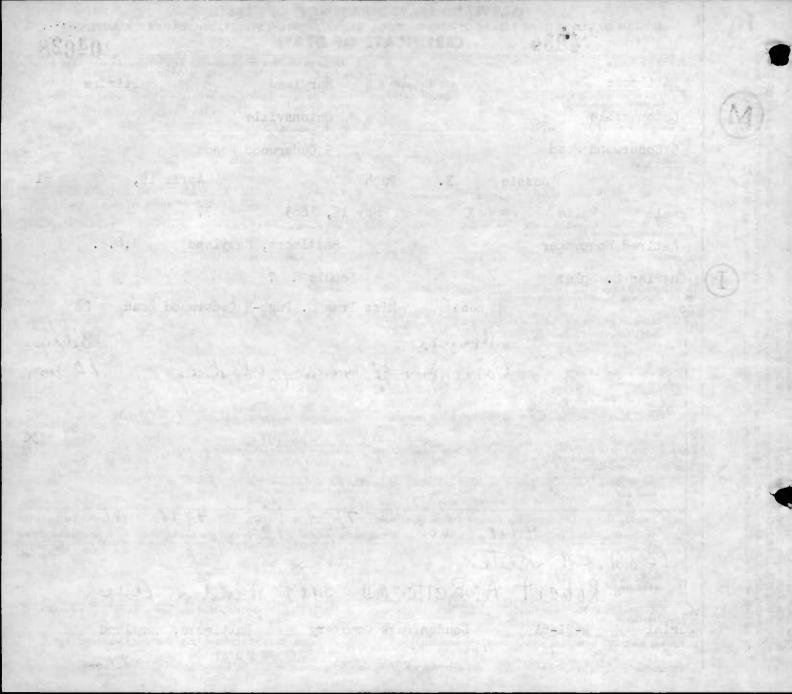
TO HOSPITAL OR ATTERN G PHYSICIAN: The law requires that the death certificate be executed within 24 hours about death. Page 4 may be retain by the hospital or attending physician.

Yellow To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune attending physician and completely filled in by the fune at director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH	AND RECORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
4034	CERTIFICATE OF DEATH	04028

	2003		. C. DIA			41148
1.	PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased fived, If	institution: Resident	ce before admission)
	Baltimore MAR		a. STATE	b. COUN		
-		YLAND	Maryland		Baltimor	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF ST	AT IN ID	c. CITT OK TOWN (II	f outside corporate limits, write	e KUKAL and give i	nearest town;
	Catonsville		Catonsvi	lle		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	dress)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
	5 Cedarwood Road		1 codam	and Road		YES NO
3.	NAME OF First Middle		Last	ood Road	Day	Yaar
1 "	DECEASED	100	6431	OF	- 0	12
-	(Type or print) Jessie X.	Pugl	n	DEATH April	18,	19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	B C Dat	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
T	Female White WIDOWED X DIVORCE	1	ay 15, 1883	77 yrs.	Months Days	Hours Min.
	Office Co.			ly & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
d	ona during most of working life, even if retired)					
_	Retired Homemaker			, Maryland	U.S.A.	
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Charles C. Spies		Sophie E 7			
/ 15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17.		Address		
	(as, no, or unkown) (If yes give war or dates of service)	Mic	e Trma F Pho	h-5 Cedarwood	Road #	28
1	no none		2 TIMO D. INE	ii-) bedarwood		ERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	(c).]				ISET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	,				3 days.
	DUE TO C			1111		. /
	Conditions, if any, which) (b) (Algundan)	1 51	arinary,	luladder	/	10 mo
		-		, our cour		
	(a), stating the underlying DUE TO					
	cause last. (c)					
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
I V					100 3	YES NO X
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY	OCCURED	, (Enter nature of injury in F	Part I or Part II of item 18.)	10/1	
8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		1 00 PL	ACE OF INJURY (Home, farm	1 204 (61)	(County)	(State)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While		tory, street, office bldg., etc.		(County)	(\$1810)
ME	p.m. 19 at work at work					
	21. I certify that (I) (this hospital) attended the deceas	ed from.	7/29	1960, 10 4/1	19.6/	hat (1) (we) last
	16110		1	D.M. from the causes		
		and mai	death occured at	V.M. Irom me causes	and on me de	22b. DATE
	220. SIGNATURE			AED. STAFF		SIGNED
	(averou. Vener	N		RECTOR PHYS.		
	22c. PHYSICIAN'S NAME (Type) Palacet A Rott	- 11	A 22d. ADDRESS	W.	10.00	
	Koberi A. Delle	11/ VS	U. 3401	Y under	auc	
2:	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
	REMOVAL (Specify)	Dovelo	Comotodon	Deltimore	Manual au A	
		rark	Cemetery	Baltimore,	mary Land	TURC
24	FUNERAL DIRECTOR'S SIGNATURE	1.618		D BY REGISTRAR 256. RE	GISTRAK'S SIGNA	IUKE
1	Mil I Sicherer & Je 1 Bail	017) DATE AF	PR 2 U '61	willing & the	W
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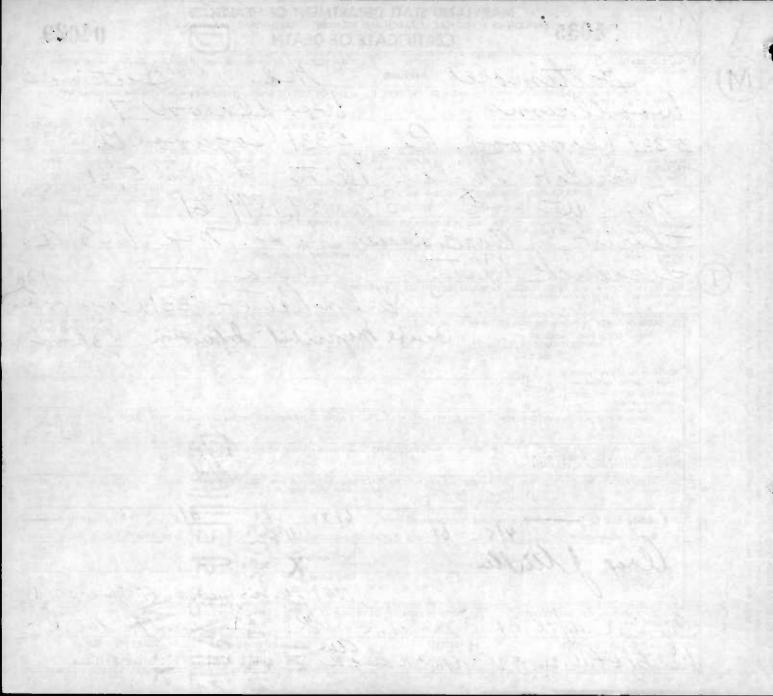


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR CERTIFICATE OF DEATH

SEARCH AND RECORDS — BALTIMORE I, MARYLAND	43	A	0	Ω	FI	
IFICATE OF DEATH	0	4	U	4	y	

	CERTIFICATE OF DEATH
1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE M. COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR OF HOSPITAL (If not in haspital, give street address) OR OF HOSPITAL (If not in haspital, give street address
3.	NAME OF DECEASED (Type or print) Ernest Michael Widdle Decease Death april 5/6/ 19
5.	SEX
1	o. USOAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPTACE (Stote or foreign country) dyring nost of working life, even if retired) With Business Dale. 12. CITIZEN OF WHAT COUNTRY?
13.	Father's NAME Frederick Reits Helena
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-INFORMANT (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 12-IN
	PART I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (a) Caruff Megrardial Straction 3 hours
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While at wark
	21. I certify that (I) (this hospital) attended the deceased from 6/30, to 4/5, to 1961, that (I) (we) last saw the deceased alive on 4/5, and that death occurred of 3/3, from the causes and on the date stated above.
	220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) () 22d. ADDRESS 1047 INChes CORRECT CONTRACT OF
X	SEMOVAL (Specify) 4/10/6/ AVIAINE OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town, or county)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE APR 1 2 61 CATION & HOLDE



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
===		4036 CERTIFICATE OF DEATH Reg. Dist. No. 04030
dire will	M	a. COUNTY DUN DALIL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE DUN DALIL MARYLAND
funeral old be		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIFE C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A LIFE
by the fund	V	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR A FARM? YES NO DE
lled in	^	3. NAME OF First Middle Lost 4. DATE Month Day Year OF OF OF DECEASED (Type or print) TERRY FOSEPH. PICHARDSON DEATH 4 - 18 19 6/
completely filled		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years left)
		0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) BALTIMORE, MD. 12. CITIZEN OF WHAT COUNTRY BALTIMORE, MD. 12. CITIZEN OF WHAT COUNTRY
corbo		3. FATHER'S NAME WILLIAM H. RICHADSON. TULIA J. MURRARY
ng physic remove	4	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W. H. RICHARD SON, 7546 IVES LANE
attendir n please		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lobar PNEUMONIA 4 day (
by the		3 5 DUE TO CEREBRAL Palsx SINCE BIRT
signed		gave rise to immediate couse (o), stating the under- lying couse lost. DUE TO INANITION 3 years
physicic as been iol-tran		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
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certity use as		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not while at work of work of work of work
After the hed for		21. I certify that I attended the deceased from June 19519, to april 18, 1961, that I last saw the decease
by the CTOR:		ADDRESS (Street, city or town, stote) DATE SIGNE ACTUAL MANA ADDRESS (Street, city or town, stote) DATE SIGNE ACTUAL
AL DIRI		PHYSICIAN'S MORRIS As Ofacobs Restance 24 had
may be reported to the region of the region		20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote) 13 UP 19 - C 1 9-66 V CPOSS BALTO. 13 ALTO. 14 D.
VS A15 (4) 15M 10/57	Ka	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Dabrawshe 100 Soundalk dive. DATE APR 20'61 Order S. Kraus
13/N 10/3/		

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24. FUNERAL DIRECTOR'S SIGNATURE
Howard H. Hubbard 4107

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04031

25b. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

DATE

the funeral directs.	M
ohysician and campletely filled in by move carbon papers. Pages 1 and 2 nt, within 72 hours after death.	(1
attending physician. certificate has been signed by the attending physician and campletely filled in by the funeral directary as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with burial, crematian, ar remayal, and in any event, within 72 haurs after death.	0

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1. PLACE OF DEATH a. COUNTY Balt:	imore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	Residence before admission) Baltimore
b. CITY OR TOWN (If outside RURAL ond give nearest to Lansdowne	wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RUR	RAL and give nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION 139		et oddress) th Avenue	d. STREET ADDRESS 139 Eliz	abeth Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Naomi	A. R	inick	4. DATE Month OF Apri	.1 5, 1961 ₁₉
	2h 1 4 a	RRIED NEVER MARRIED	Jan. 24, 188	to a blood from	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Giv during most of working life NOUSEWIFE	e kind of work dane 10 , even if retired)	b. KIND OF BUSINESS OR INDUS		ersburg, Pa.	U. S. A.
John Sch	uchman		14. MOTHER'S MAIDEN N		
75. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, gi	S. ARMED FORCES? 1 ve war or dates of service)	0. 0000111 020011111 1101	formant arnet A. Ri	nick 139 Eli	zabeth Ave.#2
Conditions, if ony, wh gove rise to immedi cause (o), stoting the <u>uns</u> lying couse last.	S CAUSED BY: DIATE CAUSE (o) DUE TO ich ote DUE TO (c)	conary Insuff	icieral due	conte La Arteriore	Grossi 2 hios
PART II. OTHER SIG	ERLY NOCT ERLY NOCT DERLY NOCT ERLY NOCT DEATH	SCONTRIBUTING TO DEATH BUT CALLECTUM 8425 ESCRIBE HOW INJURY OCCURRED	elyonic V	merhaning of	N IN PART 1(o) 19. WAS AUTOPS' PERFORMED? YES NO
Y 20c. TIME OF INJURY Mail Hour o. m. p. m.	Wh	fac	CE OF INJURY (Home, farm tory, street, office bldg., etc		(County) (State
21. I certify that (I) (saw the deceased al 22a. SIGNATURE		nded the deceased fram	eath occurred an 3130	73	1961, that (I) (we) last an the date stated above
22c. PHYSICIAN'S NAME (Type)	.Arthur R	1	M.D. PHYS. DI 22d. ADDRESS	Shington Blvd	4/7/61
23a. BURIAL, CREMATION, 23I	4/8/61	23c. NAME OF CEMETERY O	R CREMATORY Ck Cemetery	23d. LOCATION (City, town, or Baltimore.	county) (Stote) Mary land

ADDRESS Wilkens Avenue

TO FUNERAL DIRECTOR: After this Certificate has bee page 3 shauld be detached for use as the burial-tra the State Board of Health prior to burial, cremation, TO HOSPITAL OR ATTENDING VR A15 (4) 15M 9/59

CIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

A 1,70

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO X

(Stote)

Days

Month

Manths

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) direct o. COUNTY o. STATE b. COUNTY filed MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CATONSVILLE TONSVILLE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION BIRCHWOOD 10 22 BIRCHWOOD and . = NAME OF Middle 4. DATE filled OF DEATH DECEASED Pages 1 APRIL death. (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely last birthdoy) WIDOWED M DIVORCED [papers. t o 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) hours during most of working life, even if retired) CAROLINA SALESMAN-RET. CLOTHING puo pou 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME G COL ROBERTS ERANCES physici remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 110 BIRCHWOOD attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] HEMORRHAGE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO TERIOSCHEROTIC CUDIOLOSE permit. Canditions, if any, which signed gave rise to immediate DUE TO couse (o), stoting the underlying cause last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY matian hos 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) cate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m. While Not while 19 at work at wark 21. I certify that (1) (this haspital) attended the deceased fram.

and that death occurred at 4.M. from the couses and on the date stated above. 1961 saw the deceased alive on 220. SIGNATURE 22b, DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS.

22d. ADDRESS

Cemelesa

M.D. PHYS.

22c. PHYSICIAN'S NAME (Type)-

RANdom Rd - BAITO. 29 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, ar county)

(State)

(County)

REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 23b. DATE THEREOF

250. REC'D BY REGISTRAR APR 1 4 '61

25h REGISTRAR'S SIGNATURE Circher S. Krous

0 VR A1S (4) 1SM 9/S9

FUNERAL DIRECTOR

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1 1 .		STATE DEPARTMENT OF H	
#	DIVISION OF STATISTICAL RESEARCH AI	RTIFICATE OF DEATH	REET, BALTIMORE 1, MARYLAND
E ST	1. PLACE OF DEATH	9 Film G285 usub 17/61 m	Where deceased lived, If institution: Rasidence before admission
ours afford 2 should	a. COUNTY Baltimore	MARYLAND a. STATE Maryl	b. COUNTY
by the	b. CITY OR TOWN (if outside corporete limits, c. LENG write RURAL and give nearest lown)	GTH OF STAY IN 16 c. CITY OR TOWN (If or	utside corporete limits, write RURAL and give neerest town)
C - F		7 days Baltime	ore 2 V 0 1 - 4
filled in Pages are after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address) d. STREET ADDRESS	a. IS RESIDENCE ON A FARM
× fill	Veterans Administration Ho		Mulberry Street YES NO [
arted etel	3. NAME OF First DECEASED	Middle Last 4.	DATE Month Day Yeer OF
mpl par	(Typa or print) JOHN	H. ROBINSON	DEATH April 9 1961
d co bon with	5. SEX 6. COLOR OR RACE 7. MARRIED NE		9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Months Deys Hours Min.
and carb	Male Negro WIDOWED		888 7383 yrs. " " " " " " " " "
physician s remove any even	done during most of working life, even if retired)	USINESS OR INDUSTRY 11. BIRTHPLACE (County &	
certifical physician remove any eve		Building Richmond,	
the page of the pa	13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
death nding p please and in	John Robinson	Anna Alle	
0 9 5	(Yes, no, or unkown) (If yes give wer or detes of service)	SECURITY NO. 17. INFORMANT	Address
he at The noval			Balto. Md. Ft. Howard Divisio
ian.	18. CAUSE OF DEATH [Enter only one ceuse per line for (e	, (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
vsic ysic yel per y or	IMMEDIATE CAUSE (e) BRONCHOE	NEUMONIA, RECENT	UNKNOWN
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law ding en s l-tra ema	Conditions, if any, which gave rise to immediate cause	A GALL BLADDER	UNKNOWN
The tender the control of the criminal of the	(a), stating the underlying DUE TO		TATIONALIN
or at or at or at the ba the burial		DUE TO #2	UNKNOWN
IAN Ial cate cate sa th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERMINAL	PERFORMED?
SIC Ospilos Se so ior t	NA CONTRACTOR OF THE CONTRACTO		YES NO
HY.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURED. (Enter nature of injury in Part	I or ran II of Itam IS.)
A triting be a tri		CCURRED 20e, PLACE OF INJURY (Home, farm,	2Df. (City or town) (County) (State)
After the etached of Heal	Hour a.m. WhileNot	While factory, street, office bldg., etc.)	ZDI. (City of lown) (County) (Siete)
		work	43 Ammd 3 O 63 W
retail TOR: TOR Dept.	21. I certify that (this hospital) attended the	deceased from March 3, 19	OI, to ADIII 9, 1901, that (1) (we) la
A Duld Steel	saw the deceased alive on April 9	见上, and that death occured at	AP from the causes and on the date stated above 22b. DATE
OR ATITEN may be retail DIRECTOR 3 should be c	22e. SIGNATURE	ATTENDING MED	STAFF SIGN
	22c. MYSICIAN'S	M.D. PHYS. DIRE	CTOR PHYS. X 4/10/61
Page ERA , pag	NAME (Trop)		MORE, MD FT HOWARD DIVISIO
N Z L D	THOMAS F. CRAHAN, M.D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	The state of the s	23d. LOCATION (City, town or county) (State)
0= 0	REMOVAL (Spacify)	timore National	Baltimore, Maryland
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q			BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	Arlington S. Phillips Funeral	Home 1808 N. Monroe Ast. A	PR 12 '61 Calling & House
	WITTING TOUT DO THITTED THE TAX	Relto 17. Md.	

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ERASS F. COMENS, M.D. VAR, PARCHONS, MD. - I'M MONTO DEVICE

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Arrianton 5. Inilitys Funeral Acre 1005 I. Conrol 15. Miles Paris

DIVISION OF STATISTICAL RESEAR AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before e. COUNTY e. STATE b. COUNTY MARYLAND by the b. CITY OR TOWN (if butside carporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give-nearest town) .57 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE STREET ADDRESS ON A FARM? hours YES NO completely papers. 3. NAME OF DATE Middle Month DECEASED OF DEATH (Type or print) 19 Pon withi IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years | IF UNDER I YEAR 7. MARRIED NEVER MARRIED last birthdey) and Months Deys Hours Min. WIDOWED DIVORCED physician se remove c 1Da. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) ales 1 13: FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then AL SOCIAL SECURITY NO. emoval, (Yes, no, or unkown) | (If yes give we ror detes of service the 18. CAUSE OF DEATH [Enter only one cegate per line for (e), (b), end (c). INTERVAL BETWEEN physician. þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (e) signed burial-transit DUF TO hospital or attended to seem so certificate has been so the burial-trans Rheumatic Heart Disease with mitral stenosis geve rise to imm diete ceuse DUF TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? Squamous cell carcinoma of the cervix of the uterus. NO X prior 2De. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for the 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work may be reta 21. I certify that (I) (this hospital) attended the deceased from JUN and that death occured at 5.2.3M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. O HOSPITAL
death. Page 4 r
TO FUNERAL I
director, page 3 22d. ADDRESS irector, page e filed with 22c. PHYSICIAN'S NAME (Type) Alfred Cole. M.D. 136 S. Hilton St., Balto. 29 Md. 23d. LOCATION (City, Jown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 232 NAME OF CEMETERY OF CREMATORY dir. 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Concentive James atlanta Enginetic deant Disease with mitral atenosis 10/02 Equations coll owners of the servix of the prefer, April 5 151 July 22 15 April 8 W (1) * * Comment of In . Os . odins .. : Bornsidh . & del

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF	STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MAR
4941	CERTIFICATE OF DEATH

	4941		CERTIFIC	ATE	OF DEATH				nan	35
1. PLACE OF DEATH o. COUNTY	altimore		MARYLAN	11	o. STATE Maryla		l lived. If institution b. COUNTY	on: Residence Balti	befare adm	ission)
RURAL ond give	Randallstow	n	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If a		rate limits, write R	URAL ond give	nearest to	wn)
OR INSTITUTION	ITAL (If not in hospital, Hill Nursin				d. STREET ADDRESS 6408 W	alnut	Street		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mrs.	irst Ida	Middle B W		Last Ro e	4. DATE OF DEATH	Mon April	th	Doy 12	Yeor 1961
5. SEX	6. COLOR OR RACE	T	RIED NEVER MARRIED	-	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		.,
Female	White	WIDOW	_		Nov. 26, 18	66	lost birthdoy)	Months Da	ys Hour	s Min.
during most of wo	ON (Give kind of wark rking life, even if retired WITE	dane 10b.	KIND OF BUSINESS OR IN			or foreign co			J.S.A	COUNTRY
13. FATHER'S NAME			21010	1.	. MOTHER'S MAIDEN N		272-0		3.5.	
Robe	rtWilliams				Annie Ad	ams				
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 12	7. INFOR			Adde	ess		
No	(it yes, give wor or dures or	service)	None	Mis	s Irene Roe	, 640	8 Walnut	St. B	alto.	7, Md.
Conditions, if a gave rise to couse (o), stoting lying couse last.	the <u>under-</u>	6) (20	nte butan	hul	farmene	NAI DISEASE	CONDITION GIVE	FN: IN: PART 1/	3 L	who salitopsy
CATIC			Seneralized	a	time &	· Pinn			PERI	ORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in I	Part I or Part	II of item 18.)	F4. A	130 [J (2
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Ye	20d. II While at wor	Not while	factory,	OF INJURY (Home, farm street, affice bldg., etc.	20f. (City	or town)	(Cou	nty)	(Stote)
saw the deced	at (I) (this haspita used alive an G	l) attend	led the deceased fra 151961, and tha		ful 16. 19	M, fram	the causes an	, 19_ <i>Lf</i> , d an the d	1 /	1
220. SIGNATURE	ul L. Ct	um	hen	M.D.	PHYS. DI	D. RECTOR	STAFF PHYS.	4	/13/	SIGNED
22c. PHYSICIAN'S NAME (Type)	Dr. Earl L	. Cha	mbers		22d. ADDRESS 4108 Libe	rty He	eights Av	e. Bal	to. 7	, Md.
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	4/15/19		23ç. NAME OF CEMETER			1 1 1 1 1 1 1 1 1	ion (City, town, caton, Mar		(St	ote)
24. FUNERAL DIRECTOR	Byers M		8925 Liber Randallstown	tv R		D BY REGIST	RAR 25b. REGIS	TRAR'S SIGNA	ATURE	
	0 01				mr H	1 01		W. A. I'M		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, () 4 () 3 () 3 ()

4046							J
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Where dece			dence before	e dmission)
Baltimore	MARYLAND	Maryland		b. COUN	imore		
b. CITY OR TOWN (if outside corporeta limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN				ve neerest to	wn)
write RURAL and give nearest town)		X This manning					
Timonium d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital)	al give street address)	d. STREET ADDRESS				l e. IS I	RESIDENCE
	ar, give moor electory	1				ON	A FARM?
9 Gerard Avenue		9 Gerar				YES] NO []
DECEASED	Middle	Last	4. DATE OF	Month	D	ey Ye)r
(Type or print) Arthur		pka	DEATH	April	17. 19		
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		AGE (In years last birthday)	Months Day		R 24 HRS.
Male White WIDOWED	DIVORCED J	uly 23, 1887		73 yrs.	Months Day	s Hours	Min.
	OF BUSINESS OR INDUSTR		nty & State, or fo	reign country)	12. CITIZEN	OF WHAT	COUNTRY
Retired Bal ti	more Transit	Co. Maryla	nd		U.S	Δ	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			10.0	• 4.7 •	
Henry Ropka		Unknown					
*	OCIAL SECURITY NO. 17.	INFORMANT		Address			
Yes, no, or unkown) (If yes give we ror detes of service)			T)) 0				
no		s. Arthur I.	Корка-9	Gerard	Avenue		
18. CAUSE OF DEATH [Enter only one ceuse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CABC	for (e), (b), and (c).]	7		1000	-	ONSET AND	DEATH
Conditions, if any, which gave rise to immediate ceuse (a), stating the underlying							
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IRUTING TO DEATH RUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIV	FN IN PART 1(a	11 19. WAS	AUTOPSY
o Paralaga			INVERSION OF	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		PERF	ORMED?
EARCINOMA O	F PROST			40.4		YES	NO 1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURED). (Enter neture of injury in	Part I or Pert II o	f item 18.)			
Hour a.m. While		ACE OF INJURY (Home, far fory, street, office bldg., etc		or town)	(County))	(State)
21. I certify that (I) (this hospital) attende		After					
22e, SIGNATURE	17.9.1, and mai	dealli occured ait	. 2.2	Ille causes	and on me		b. DATE
Williamafund	Buy N		MED.	STAFF PHYS.		4-17.	SIGNE - 61
22c. PHYSICIAN'S NAME (Type) WILLIAM A. PIL	LSBURY	22d. ADDRESS 2060 YORK	KRD T	IMO NIL	m m	d.	
REMOVAL (Specify)	Dal Chart II-		23d. LOCAT	TON (City, tov	vn or county)	(Stete)
	Dulaney Valle		C'D BY REGISTR	ryland	HSTPAPIS SIG	NATURE	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 154	DATE	APR 1 8 '6	4	7 71 - 0		

TO HOSPITAL OR ATTENNATION TO HAVIOLIAN: The law requires that the death certificate be executed within 24 hours at death. Page 4 may be retain to the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-cho be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after destached.

Treserio Dia Con Con Con Control The state of the s AMBERTAL STATE OF THE STATE OF Southern Co. W. Sterner P. Smith Do. mathon California Turist 2-Higon . Just . Addi. Busin M. Charles and the control of the long of the land 12.6 1.850

	4043	CERTIFICATE OF DEATH	Reg. Dist. NJ 4037
	1. PLACE OF DEATH Baltimore	MARYLAND 2. USUAL RESIDENCE (Where decease of STATE) Maryland	d lived. If institution: Residence before admission) b. COUNTY BaltimonE
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL (If nat in haspital, give street addr. OR INSTITUTION	GYEGRE RURAL- Town	So N e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print) FRANK J	Middle ROWE 4. DATE OF DEATH	APRI 2 196/
	Male white WIDOWED	NEVER MARRIED B. DATE OF BIRTH Divorced Dec. 3, 1890	9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind af wark dane lob. KINI during most of working life, eyen if retired) 13. FATHER'S NAME	1 1 0101 0	ountry) 12. CITIZEN OF WHAT COUNTRY?
)	John C. Kowe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	Mantho	Bond
	(Yes, ng, or unknown) (If yes, give wor or dates of service) 216	-32-4976 Margaret Peyton Ro or (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under-	rondry Odeylsion	24 haven
	Diubote	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE E HOW INJURY OCCURRED. (Enter nature of injury in Port I or Par	PERFORMED? YES NO
		RY OCCURRED Nat while of wark 20e. PLACE OF INJURY Home, form, 20f. (City foctory, street, office bldg., etc.)	y or tawn) (Caunty) (Stote)
	21. I certify that I attended the deceased alive on 43, 106/	, and that death occurred at 3 / M, from ADDRESS IS	the causes and on the date stated above. The course of the causes of the cause of the c
	PHYSICIAN'S H. D. Fra	nR/15/1235+Pa	415+ 4/6/6/
1	BURIA 4-7-61	Landens of Faith Country Bel	TION (City, tawn, or caunty) (Stote) tunere, Maryland.
	23. FUNGERAL DIRECTOR'S SIGNATURE	ADDRESS 240. REC'D BY REGIS DATE APR 1	17 Cuthung & Kraue

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ESO: The American State of the American State of the transfer of the last to the transfer of th The second of th

ON A FARM? YES NO X Shannon Drive Yaar 12 19 61 April 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN OMSET AND DEATH 4 YEARS UNKNOWN PERFORMED 2 NO (Steta) (County) 22b. DATE SIGNED PHYS. 30 (Stete) arthur S. Kraus

a. IS RESIDENCE

b. COUNTY

the N and by E ... completely executed pon and Car certificate physician 8 any death 2 pleas attending Then the ig physicia signed by burial-transit peen hospital or certificate 5 for detached After by death. Page 4 page with t director, be filed TO VR A15 (4) 15M 9/60

Clin. Records, VAH, Balto. Md. Ft. Howard Div. DUF TO AZOTEMIA DUE TO A. Conditions, if any, which gave rise to immadiata causa DUF TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm,) 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) factory, streat, offica bldg., etc.) Not While at work at work 21. I certify that XI) (this hospital) attended the deceased from April 5, 161., toApril 12, 161., that XI) (we) last saw the deceased alive on April 5 1961..., and that death occured ab.: 40AM from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S VAH. Baltimore, Md. Ft. Howard Div. THOMAS F. CRAHAN, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. REMOVAL (Specify) St. John's Lutheran Cemetery Baltimore, Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS DATE APR 1 4 '61 Ruck Funeral Home, 5305 Harford Rd. Baltimore, Maryland

CHILIPA TROPE COLLEGE TO A LINE OF 35 11011 THE TOTAL The factor Total Administration Hearing I lead to the State of the S ALLEGA TERMS .. DEFAULE de la religio de la companya della companya della companya della companya de la companya della c Total united to the country Frank Paragona Ca. Alexanda wit burnel . No. 101 to the HAV, abroards . H. 101 to the learned live. Saday says A OF BULL ALIGEROUS

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TO HOSPITAL OR ATTENDING TATE : CIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		ecto	with	(
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DNIG	may be retained by the haspital attending physician.	TO FUNERAL DIRECTOR: After this Serificate has been signed by the attending physician and campletely filled in by the funeral directed	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
ATTEN	d by the	ECTOR:	se detac	af Heal
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04039

1. PLACE OF DEATH					USUAL RESIDENCE (V	Where decease			nce befar	re admiss	ion)
a. COUNTY B	altimore		MARYLAND		a. STATE Washi:	ngton,	D. CCOUNTY				/
b. CITY OR TOWN (I	f autside carporate limit	s, write c. L	ENGTH OF STAY IN 18	0	c. CITY OR TOWN (II	f outside corpo	orote limits, write R	URAL and	give nec	rest tawn	1)
A :	sville				Washi	ngton 1	D. C.		-	+7	X -
d. NAME OF HOSPIT	AL (If nat in haspital, gi	ve street addre	ess)		d. STREET ADDRESS					e. IS RES	
OR INSTITUTION	St. Josep	h's Nu	rsing Home		2311 Con	nectic	ut Avenue				FARM?
3. NAME OF DECEASED	Firs	f	Middle		Last	4. DATE OF	Man	ith .	Da	у `	Year
(Type ar print)	Mari	a		Ru	cinska	DEATH		April	11		19 61
5. SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS
Female	White	WIDOWED T	DIVORCED [A	pril 17, 1	886	74 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	ane 10b. KIND	OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Sto	te ar fareign d	country)	12. CIT	IZEN OF	WHATC	OUNTRY
	se wife		Own home		Pola	nd			Po	land	
13. FATHER'S NAME			20112	1.	. MOTHER'S MAIDEN						
	Joseph Hara	bianko		337	Sophia	a Zukov	wska				
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16. SOC	AL SECURITY NO. 17	INFOR			Washi	"hbt.or	8.	D (7
(Yes, no, or unknown)	(If yes, give war or dates of se		None	Mar	Joseph Rue	oineki		0			-
-	ATH Enter anly one car			Pil.	soseph hu	CTHORT	ווטס בבנג	1160 01		ERVAL BE	
	TH WAS CAUSED BY:	A .	(0), (0), and (0).	7	Tail				ONS	ET AND	DEATH
115	IMMEDIATE CAUSE (a)	HCU	Te New	C 1	Ta, Iv	inc			14	101	61
	DUE TO	_	1 .	,	1	1			4	(2)	61
	gave rise to immediate (b) benevalized Arterius clerosis with										
cause (a), stating	DITE TO		0		111				1		
lying cause last.) (c)	gan	grent 1	ric	ht 1-	eg.					
PART II. OTI	HER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH B	BUT NO	RELATED TO THETER	MINAL DISEAS	SE CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS A	AUTOPSY RMED?
5 Jompen	line gang	rene	and gan	Sre	nestria	shtle	15 of 40	·ks.			NO [
20g. ACCIDENT W			HOW INJURY OCCUR			n Part I ar Pa	rt 1 af item 18.)				1:10
	MEDICAL EXAMINER)	5930									H
20c. TIME OF INJUR	RY Manth, Day, Yea	- 1			OF INJURY (Hame, fa , street, affice bldg., e	irm, 20f. (Cit	ty ar tawn)	(Caunty)		(State
p. m.	19	While at wark	Nat while at wark								
21. I certify the	at (I) (this haspital	attended	the deceased from	n 3)	161 1	9ta_	4/11/4	/. 19	th	at (1) (ven) las
	sed alive an	2 1 / 1	19 , and tha			W.T.					
22a. SIGNATURE	. \	Λ									b. DATE
B. Mari	ter middle	ita		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	4/1	71	61	SIGNE
22c. PHYSICIAN'S	- J. Vone				22d. ADDRESS	/	1	15	1	1	
NAME (Type)	B. Mart	in Midd	dleton M. D		614 Mes	lical	Vits	Bo	11	-0/	mo
23a. BURIAL, CREMATIC		F 23	. NAME OF CEMETERY	OR CF	EMATORY	23d. LOCA	TION (City, tawn,	ar caunty)		(Stat	e)
REMOVAL (Specify)		- 3	Gate of H	מדפפ	en		lver Spri		12	10	
24. FUNERAL DIRECTOR			ADDRESS	Ca. VI		C'D BY REGIS		STRAR'S SI		RE	
Ranton,	Philosopa	6 2Jan	ce Catons	vil							
DIONGOOD	11-11-01	F. 10 11		,	WAIL	PR 1 9 7	61	11 - 0	4		

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	b. CITY OR TO

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O HOSPITAL OR ATTENDING SICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the haspits. Latenthis certificate has been signed by the attending physician and completely filled in by the funeral direction page 3 should be detached far use as the burial-transit permit. Then please remave corbon popers. Pages 1 and 2 should be filled with the State Baard af Health prior to burial, crematian, or remaval, and in ony event, within 72 haurs after death.

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TO HOSPITAL OR ATTENDING	may be retained by the haspite.	TO FUNERAL DIRECTOR: After this cer	
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H	may	J. F.	
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VR A15 (4) 15M 9/59

a. COUNTY Be	ltimore		MARYLAN		a. STATE	lar y L		b. CO			timo		ionj
b. CITY OR TOWN (If a RURAL and give near		s, write	c. LENGTH OF STAY IN 1 lyr9mth9dys		c. CITY OR TO	1		rate limits, w A ve nue		RAL and	100		
d. NAME OF HOSPITAL OR INSTITUTION SPRING GRO			address) SPT TA L	1	d. STREET ADD		rick	Avenue				e. IS RES	
3. NAME OF DECEASED (Type or print)	Fir		Middle Noah		Lost Ruff	-	4. DATE OF DEATH		Mant		Do 17	,	Year 19 61
		7. MAR	RIED NEVER MARRIED	8. D.	ay 9, 1	L905		9. AGE (tn)		IF UNDE Manths	R 1 YEAR Days	IF UNDE Haurs	R 24 HRS. Min.
male 10a. USUAL OCCUPATION during most of working plumber	White (Give kind of work of g life, even if retired)	lane 10b	. KIND OF BUSINESS OR IN		11. BIRTHPLAC		r fareign co		713.		S.		OUNTRY?
13. FATHER'S NAME Frederi	ck Ruff			1.	Hedy F						- 1		
15. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FOR yes, give war or dotes of s		212-16-9964	7. INFOR	mant cords:	SPR	ING	GROVE	Addre	ATE	HOS	PLTA	L
Canditians, if any gave rise to im cause (a), stating the lying cause last.	mediate DUE TO)	Malignant le	live	e r Sm		NAL DISEAS	E CONDITIO	N GIVE	EN IN PA	RT 1(a) 1	PERFC	AUTOPSY ORMED?
PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M 20g. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH EDICAL EXAMINER) Month, Day, Yes	20d. While	Nat while	PLACE factory	OF INJURY (Ho , street, affice b	ome, farm,	20f. (City	ar tawn)			(Caunty)		(State)
21. I certify that saw the decease 22a. SIGNATURE	(1) (this haspital d alive an Apr) atten	ded the deceased fro 17 19 61, and the Wacheles	at deat	ATTENDING.		M, fram	the cause				stated	
22c. PHYSICIAN'S NAME (Type)	Stel	La Wa	achsler M.D.		22d. ADDRESS	DI	RING (GROVE	-	ATE Mary		PITA	L
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THEREO		23c. NAME OF CEMETER Salem Luth		= -			tion (City, tonsvil		, ,		(Stor	,
24. FUNERAL DIRECTOR'S	SIGNATURE SIGNATURE	30	ADDRESS 1 Frederick F	Road			8Y REGIST			TRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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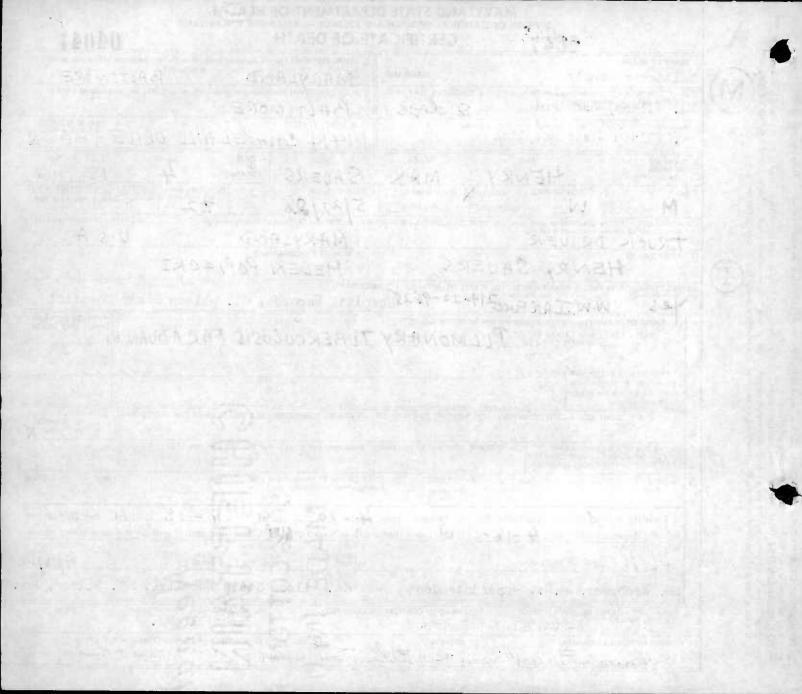
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b. CITY	OR TOWN (If o	utside corporote limits, Maryland	write c. LENGTH OF ST	AY IN 16			ils, write RURAL and gi		
d. NAM	E OF HOSPITAL	(If not in hospitol, give tate Hospi	tal	1	d. STREET ADDRESS	HAPELHI	ILL DRIVE	e. IS RES ON A YES	SIDENCE A FARM? NO
3. NAME OF DECEASE (Type or	print)	HEN	RY M	AX "	SAUERS	4. DATE OF DEATH	Month H	18	Year 19 <i>61</i>
S. SEX		COLOR OR RACE 7	MARRIED NEVER MA	RRIED B. DA	127/28	lost	Dirthday) Manths yrs.	Days Hours	Min.
during	most of working	RIVER	AUERS		MARYL.	e or foreign country) AND NAME POPIA	U	· S. A	COUNTRY?
15. WAS DI	inknown) (If	N U. S. ARMED FORCE yes, give war or dates of serv I.W TT AIR F	16. SOCIAL SECURITY 219-22-96		MANT		Address Ison State	Hospita	al
gave	ditions, if ony e rise to ima (o), stating the couse lost.	nediate DUE TO					R ADVANCE		
□ OR CC	CCIDENT WAS		TIONS CONTRIBUTING TO					1(o) 19. WAS PERFC YES	AUTOPSY ORMED?
₹ 20c. TI		Month, Day, Year	20d. INJURY OCCURRED While Not while at wark ot work		OF INJURY (Home, fo street, office bldg., e	rm, 20f. (City or tow	n) (C	ounty)	(Slate)
saw	the decease		attended the deceas	ed fram. 4	-10- 1 h accurred at		- 18, 196 auses and an the	date stated	d abave.
1	IGNATURE WALL HYSICIAN'S	vermin		M.D.		MED. STAI	FF S	4	SIGNED
			uper intender				spital, Mt		
REMO	AL, CREMATION DVAL (Specify) mial	23b. DATE THEREOF	l Parkwoo	emetery or cr		Parkvil		(Sto	ite)
24. FUNER	AL DIRECTOR'S	SIGNATURE	ADDRESS ADDRESS	Below	TV TT	C'D BY REGISTRAR	25b. REGISTRAR'S SIG		

TO FUNERAL DIRECTOR: After this sertificate has been signed by the attending physician and campletely filled in by the funeral direct.

TO FUNERAL DIRECTOR: After this sertificate has been signed by the attending physician and campletely filled in by the funeral direct.

page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board af Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING

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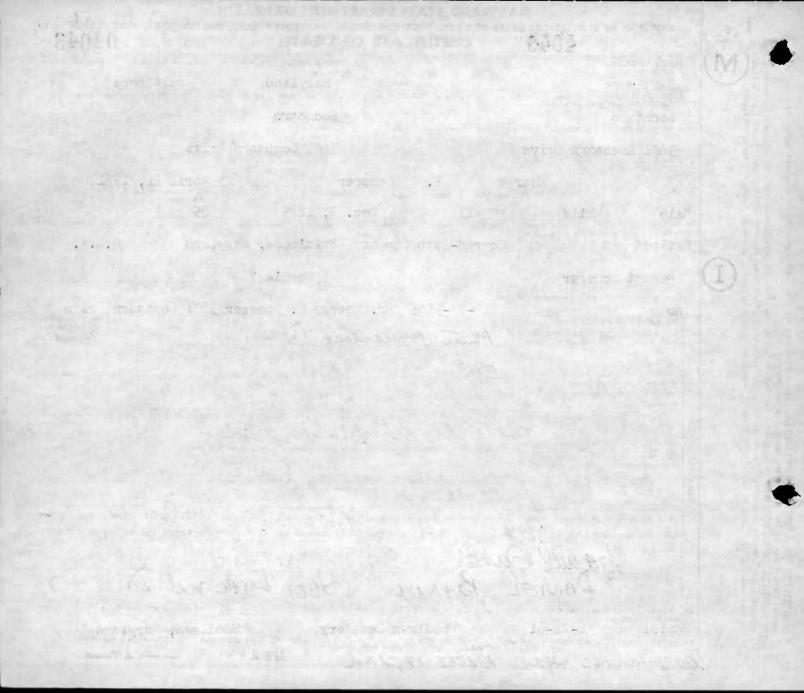
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	MARYLAND S	TATE DEP	PARTMENT OF	HEALTH
ATISTICAL	RESEARCH AND	RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
4049	CERT	TIFICATE	OF DEATH	04043

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission)
a. COUNTY	a. STATE b. COUNTY
Bal timore MARYLAN	
b. CITY OR TOWN (if outside corporete fimits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
Lochearn	Lochearn
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS 0. 15 RESIDENCE
	ON A FARM? YES NO
3601 Lochearn Drive	1 3001 Hocheath Dilve
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
/Tame on mainth	cherer DEATH April 21, 1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Months Deys Hours Min.
Male White WIDOWED XX DIVORCED	2000
1Da. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired)	USTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	pany Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A	
August Scherer	Sophia ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unkown) (If yes give wer or delas of servica)	r. George M. Scherer 3601 Lochearn Drive
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).]	I deorge M. Deneral Joor Botheam Dirve
	ONICET AND BEATH
PART 1. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (6) HOUTE MYRE	Pardial infarction muites
DUE TO ASKED	
Conditions, if eny, which (b)	
geve rise to immediate cause DUE TO	
(a), stefing the underlying couse lest.	
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
O TAKE II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	restriculates, coton YES NON
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCC	URED. (Enter neture of injury in Pert I or Pert II of item 1B.)
20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
at work at work	
	20125 1059 HAN 21 10/2 1 10/2
21. I certify that (I) (this hospital) attended the deceased fr	
saw the deceased alive on Any vo 1961, and	that death occured al
22e. SIGNATURE A	
64,1100 (11/10)	ATTENDING MED. STAFF SIGN
Megalet Curac	M.D.
122c. PHYSICIANY DANIE! BUKAI	22d. ADDRESS MATERIAL DO
MAME HYPE DANIEL ISAKAL	. JOOO LUTTEHEN DR.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	and the constitutions of the constitution of t
Rurial Woodlawn	Cemetery Woodlawn, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE MATE ADDRESSO	OF DECID BY DECISTOAD TOEL DECISTO POS SIGNATURE
24 FUNERAL DIRECTOR 3 SIGNATURE	A. CALLO 250. REC'D BY REGISTRAK 250. REGISTRAK 3 SIGNATURE
2 FORERAL DIRECTOR'S SIGNATURE TOURISMENT OF THE REAL PROPERTY OF THE PROPERTY	DATAPR 24 '01 Common & Thomas

TO HOSPITAL OR ALTERNAL OF ALTERNAL OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours alternated to the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH COUNTY MARYLAND AMARYLAND A

04044

	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1 °	Baltimore MARYLAND	o. STATE aruland b. COUNTY Bullimor
b	CITY OR TOWN (If outside corporate limits, write c. LENGTH, OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Mt. Wilson. Maryland 42 mo	X Dallinure
	1. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS (e. 15 RESIDENCE
N	Mt. Wilson State Hospital	68 N. Prospect Ave ON A FARM?
3. N	VAME OF First Middle	Lost 4. DATE Month Day Year
1	Type or print) HERBERT WILLIAM	SCHLERF DEATH 4 21 1961
S. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	WIDOWED DIVORCED	D. Z. 1700 50 yrs.
10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B celling of Maryland (SA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 0	HRISTIAN SCHLERE	AMANDA (3)
		INFORMANT Address
{Yes,	no, or unknown) (If yes, give wor or dates of service)	ospital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	cod hulus your tuber who onset AND DEATH
	DUE TO	and for the state of the state
	Conditions if any which)	
	gove rise to immediate	
	lying couse lost.	
Z		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CERTIFICATION	Carringa	PERFORMED? YES NO NO
FE	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPR	ED. (Enter noture of influer in Port I or Port II of item 18.)
CER	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)	
CAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
MEDICAL	Hour o.m. While Not while of work of work	octory, street, office bldg., etc.)
2		12.6. 1960 to 4.21 1961, that (1) (we) last
	21. I certify that (I) (this haspital) attended the deceased fram.	0.04
	saw the deceased alive an 1951, and that 220. SIGNATURE	death accurred at
	Muramy	M.D. ATTENDING MED. STAFF 4,21-1965 CONTROL PHYS. 4,21-1965 CONTROL CONT
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Wm. Newcomer, M.D. Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
230	BURIAL, CREMATION, 23b. DATE THEREOF	OR CREMATORY 23d DOCATION (City, town, or county) (Stote)
1	The Tell andon 1	and Pallimore-Ma
3/	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	MAR MARKETON (MANDER OF THE	- MA DATAPR 25 '61 arthur & Kings

may be revained by the haspital attending physician.

TO FUNERAL DIRECTOR: After this Zertificate has been signed by the attending physician and completely filled in by the funeral directions page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours ofter death. ACIAN: The law requires that the death certificate be executed within 24 hours after death. Pag TO HOSPITAL OR ATTENDING

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11 2 USUAL RESIDENCE (Where deceased lived, If Institutions Residence before adm

•	COUNTY Ba:	ltimore	MARYLAND	a. STATE Mar		Balti	
b	o. CITY OR TOWN (if ou write RURAL and giv		c. LENGTH OF STAY IN 16	c, CITY OR TOWN (III	outsida corporata limits, v		
ď	. NAME OF HOSPITAL	OR INSTITUTION (if not i	n hospital, give streat addrass)	d. STREET ADDRESS	Mar and Market		e. IS RESIDENCE
	Armacost	Nursing H	ome	6700	Parkway R	d. 12	YES NO
I	NAME OF DECEASED Typa or print)	First	Middle	Last	OF	onth Day	Yaar 10
5. 5		FRIEDA		CHNEIDER	Whit		1 19 IF UNDER 24 HRS.
	Female	White		Aug. 5,1883	9. AGE (In ye last birthda	y) Months Days	Hours Min.
10a. don	USUAL OCCUPATION as during most of workin Register FATHER'S NAME	(Giva kind of work 10	Nursing	0 , , 3	ly & Stala, or foraign count	ry) 12. CITIZEN C	SA
	Ludwig I	Hoffman		Unkn			
	WAS DECEASED EVER I	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress	
	No, or unkown) (Ifyas	givawarordatasofservice)	None V:	iola Collie	r- 6700 Pa	rkway Rd	12
-		TH [Enter only one cause	per line for (e), (b), and (c).]	//	,	IN	TERVAL BETWEEN
	PART I. DEATH W	AS CAUSED BY:	'ONO by	al Nes	nanha	90	VISET AND DEATH
	442	DUE TO (b)	John John	ene Ca	edo Con	al !	10-17
CERTIFICATION		SNIFICANT CONDITIONS		OT RELATED TO THE TERMIN		GIVEN IN PART 1(a)	19. NAS AUTOPSY PERFORMED? YES NO
CERTIF	20a, ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURE	D. (Entar netura of injury in F	Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.			ACE OF INJURY (Homa, farm tory, streat, offica bldg., etc.		(County)	(Stata)
	21. I certify that saw the deceased	70 . 1	pended the deceased from	Topul	196., to 100/	/	
	22e. PHYSICIAM'S NAME (Type)	erles O	Donnell		AED: STAFF TRECTOR PHYS. [22b. DATE SIGNED
23a	BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City)	town or county)	(Stata)
D	REMOVAL (Spacify)	4/ 22/61	T U477		T 7 W.		
DI		T/ 22/01	TAA UTTI		Laurel Ma	rviand	

TO HOSPITAL OR ATTENCE G PHYSICIAN: The law requires that the death certificate be executed within 14 nours are death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

Labellmore Ser se Sie in geniral 5078 more printed trocares ATTEN OF THE ACTION OF THE ACTION OF THE ACTION a single wastenes 77 aninguit erac "herateine! awenvlaU nemifolie dofinen Hone Ticle Jointer 6700 Parking H. Low lawn a Cort of Which is whether to Hatel the same of the of a land to someth with the If the tyle | Idva | | Leign | and the contract of the contra

dam Jook-lowson, Inc. 1050 Kork et., lowson without his careful these

OR STATE

TO DEPUTY MEDICAL EXA. INER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, whiting the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Adealth, or its designated agent, prior to burial, cremotal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

D

ivision of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	STREET,	BALTIMORE	I, MARYLAND
4052	MEDICAL	EXAMINER'S	CERTIFICATE	OF I	DEATH	0404

a. COUNTY Baltimore	MARYLAND	a. STATE Man	vce (Where dec	b. COUNTY	Baltin	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corpor	rete limits, writa RU	RAL and giva	neerast town)
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give straet address)	d. STREET ADDRESS		G-12 K /-	SIL	a. IS RESIDENCE
8921 Grove Ros	ad	892	21 Grove	Road		YES NO
3. NAME OF First DECEASED	Middla	Lasi	4. DATE	Month	Day	Yeer
(Type or print) JOHN	BEN JAMIN	SCHRENKER	DEATH	April	27	19 61
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	DATE OF BIRTH	9.	AGE (In years IF L		IF UNDER 24 HRS.
Male White	WIDOWED DIVORCED	12-12-1889		71 yrs. Mc	onths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if relired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (SIE!	e or foreign cour	olry)	12. CITIZEN O	F WHAT COUNTRY
Farmer	Farmer	Balto	. Md.		US	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN				
John B. Sch	renker	C	atherine	e Braun		
15. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no, or unkown) (Ifyasgive wer or detes of ser	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	70000	Address		
No. No.	7.1	ward B. Schr	enker	3807 Putt	y Hill	Road
18. CAUSE OF DEATH [Enter only one c						ERVAL BETWEEN
gava rise to Immediate cause (a), sleting tha underlying cause last. PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN		9. WAS AUTOPSY PERFORMED? YES NO
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCURED.	Enfor natura of injury in Po	ert I or Part II of i	tem 18.)		
20c. TIME OF INJURY Month, Dey, Yaar Hour e.m. p.m. 19		CE OF INJURY (Home, fellory, street, office bldg., at		or town)	(County)	(Steta)
21. I certify that I took charge of	the remains described above, h	eld an Autopsy X.	Inspection	Inquiry	, and	in my opinion
death resulted from: Natural cau	Actident . Suid	cide . Homicide		etermined mann	ner 📗	
ACTUAL Caules	I luis.	M.D. ASSISTANT ME	DICAL EXAMINE	R 🕦	D	ATE SIGNED
EXAMINER'S	S. Petty. M.D.	DEPUTY MEDIC	AL EXAMINER	ounty)	4/2	28/61
22e. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify)	F 22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	ON (City, lown, or	country)	(Steta)
Burian 5_1_1961	Parkwood		Park	ville		Мд
23. FUNERAL DIRECTOR	ADDRESS	24a. RI	C'D BY REGISTR		AR'S SIGNATI	URE 43.4
Lassahn Funeral Hor	ne 7401 Below R	DATE DATE	perse s U	C.C.		

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DAMES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4053 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Mary land b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hall Hall Perrv hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION in by and 2 Relair Rd. Belair NAME OF First Middle 4. DATE Month filled qes 1 DECEASED OF oeder (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) DIVORCED | White WIDOWED Male Jan. LL yes. popers. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Florist Florist Balto. Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augustus Schroeder 72 hours Pauline Roeder IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Pending Belair Rd. None Mrs. Mary E. Schroeder 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. ft. Not while of work of work 21. I certify that I attended the deceased from 196 Lithat I last saw the deceased and that death occurred at 7 3 9 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL should FUNERAL Poops 3 shoul PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify)

Rurial

23. EUNERAL DIRECTOR'S SIGNATURE

_7 967

ADDRESS

Reg. Dist. No.

Baltimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

12. CITIZEN OF WHAT COUNTRY?

Months

. IS RESIDENCE

ON A FARM?

YES NO

Year

Perry Hall Md.

PERFORMED? YES NO

(Stote)

(Stote)

(County)

24b. REGISTRAR'S SIGNATURE arihun S. Kraus

24a. REC'D BY REGISTRAR

INTERVAL BETWEEN ONSET AND DEATH

196

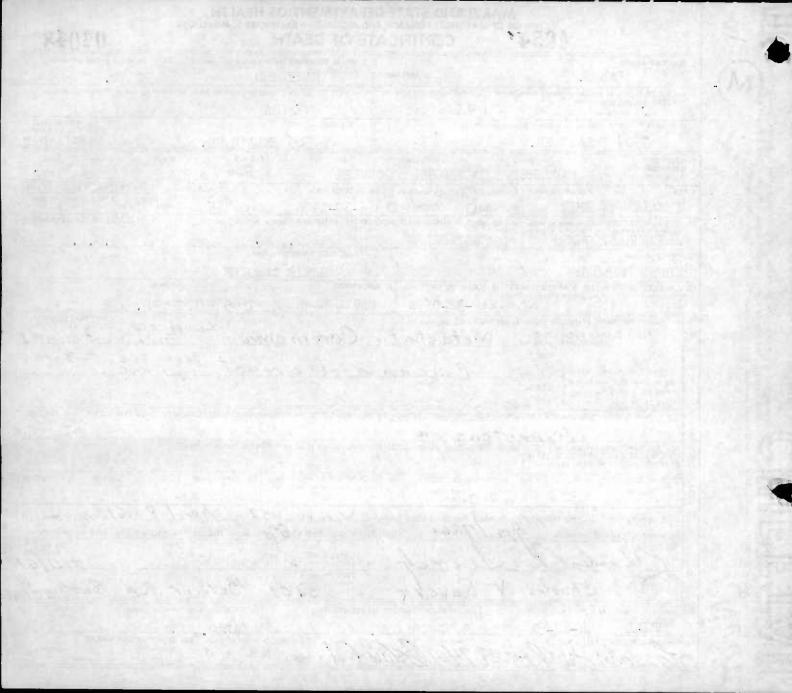
name of the second			
		Carry District	
		Section 1	
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Market day			
			Andrew Service (1984) Andrew Service (1984) Andrew Service (1984) Andrew Service (1984)
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	Manager of the State of the Sta		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04048

a. COUNTY	BALTO.		MARY	- 1	a. STATE MARM	Where deceased LAND	b. COUNTY		ce before odi	nissianj
b. CITY OR TOWN	N (If autside carporate limi e pearest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		ate limits, write R	URAL ond g	give nearest t	(nwc
d. NAME OF HOS OR INSTITUTION	SPITAL (If not in haspital, good BELAIR RD.	give street	address)		d. STREET ADDRESS		RD.		10	RESIDENCE A FARM?
NAME OF DECEASED (Type or print)	MARGARI		Middle CATHERINE		Last ULER	4. DATE OF DEATH	APRIL	8	Day	Yeor 19 61
FEMALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRIE		DATE OF BIRTH 6-30-1906		9. AGE (In years lost birthday) 54 yrs.	Manths	Doys Hau	
RESTAURA	ATION (Give kind af work warking life, even if retired ANT OWNER)	KIND OF BUSINESS O	R INDUSTI	BALTO.	MD	untry)		U.S.A.	T COUNTR
3. FATHER'S NAME	PILLICIPANI PILLICIPANI			735	14. MOTHER'S MAIDE					
ERNST BE	EMNGALIN EVER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	17 INF	MAKLE ORMANT	DENGLER	Add	Iress		
Yes, no, ar unknown)	(If yes, give war or dates of	service)	19-32-0592		AVID SCHULE	TR. 7505		RD.		
170	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Netasta				+ left	1952	ONSEL A	gyrs
Canditions, i gave rise to cause (o), stati lying cause to	IMMEDIATE CAUSE (c DUE TO if any, which a immediate ing the under- ast. OTHER SIGNIFICANT CON	D)	C CUPCIF	nome	a of b	reas?			3 M	9 yrs
Canditions, is gave rise it cause (o), statilying cause lot lying cause lot Part II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	IMMEDIATE CAUSE (c DUE TO if any, which a immediate ing the under- ast. OTHER SIGNIFICANT CON	o) o) i) inditions (Carcir	ATH BUT N	a of 6	re as 7	E CONDITION GIV		3 M	9 yrs
Canditions, i gave rise it cause (o), statilying cause lo	IMMEDIATE CAUSE (c DUE TO if any, which a immediate ing the under. 33st. OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER) JURY Manth, Day, Ye m.	DITIONS (CONTRIBUTING TO DE	ATH BUT NO CCURRED.	a of 6	RMINAL DISEASE in Port I or Part	E CONDITION GIV	VEN IN PAR	3 M	AS AUTOPREORMED?
Canditions, is gave rise to cause (o), statilying cause letter of the cause letter of	IMMEDIATE CAUSE (c DUE TO if any, which a immediate ing the under. 33st. OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER) JURY Manth, Day, Ye m.	DITIONS COLUMNIC	CONTRIBUTING TO DE. EN SIE W CRIBE HOW INJURY O NJURY OCCURRED Not while It of work of work	ATH BUT N CCURRED. 20e. PLAC foctor	OT RELATED TO THE TE (Enter nature of injury EE OF INJURY (Hame, rry, street, affice bldg.,	reas 7 RMINAL DISEASE in Port I or Port form, 20f. (City etc.)	II af item 18.) or town)	VEN IN PAR	T 1(0) 19. W PE YES Caunty)	AS AUTOPPERFORMED? (Sto
Canditions, is gave rise to cause (o), state lying cause (o). State lying cause (o). PART II. 20a. ACCIDENT OR CONTRIBUT. (IF EITHER, NOT 20c. TIME OF IN Haur a. p. 21. I certify saw the dec 22o. SIGNATUR	IMMEDIATE CAUSE (c DUE TO DUE TO if any, which a immediate ing the under. OTHER SIGNIFICANT CON WAS UNDERLYING (C ING CAUSE OF DEATH ITEY MEDICAL EXAMINER) JUNY Manth, Day, Ye m. 19 that (I) (this hospital leased alive an	20b. DES	CONTRIBUTING TO DE. EN SIE W CRIBE HOW INJURY O NJURY OCCURRED Not while It of work of work	ATH BUT N CCURRED. 20e. PLAC foctor	(Enter nature of injury CE OF INJURY (Hame, ory, street, office bldg., ath accurred at attentions.)	reminal Disease in Port I or Part form, 20f. (City etc.)	II af item 18.) or town)	VEN IN PAR	T 1(0) 19. W PE YES Caunty)	AS AUTOPS AS AUTOPS NO [(Sto
Canditions, is gave rise to tecause (o), statilying cause leta lying cause leta PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NOT P. 1) 21. I certify saw the dec	IMMEDIATE CAUSE (c DUE TO DUE	20b. DES	CONTRIBUTING TO DE. EN SIE W CRIBE HOW INJURY O NJURY OCCURRED Not while It of work of work	ATH BUT N CCURRED. 20e. PLAC focto	CE OF INJURY (Hame, ory, street, affice bldg.,	RMINAL DISEASE in Port I or Port form, 20f. (City etc.)	II af item 18.) or town) Aprel the causes ar	VEN IN PAR	T 1(0) 19. W PE YES Caunty)	AS AUTOPS AS AUTOPS (Sto

ICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO FUNERAL DIRECTOR: After this Sertificate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fitted with State Baard of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING VR A15 (4) 1SM 9/59



TO HOSPITAL OR ATTENDAM PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. To funeRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(14049

1. PLACE	E OF DEATH			2. USUAL RESIDENCE	CE (Where dece			idence before edmissi
e. coc	Baltimore		MARYLAND	e. STATE Mary]	Land	b. COUNTY	-	/
	Y OR TOWN (if outside corpor		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		te limits, write R	URAL end gi	ive neerest town)
WI	rite RURAL end give neerest to		15 yrs.	Rol++	more 30		31	VOI-
d. NA	Owings Mil			d. STREET ADDRESS	more je			e. IS RESIDEN
					70 7.2			ON A FAR
NAM	Rosewood St	tate Trai	ning School	Last Last	Keynold	s Street		YES NO
DECE	ASED	rirst	Middle	Last	OF	монти	,	Day Teer
		Christine		Shade	DEATH	4		14 19 6
. SEX	6. COLOR O	R RACE 7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH			UNDER 1 YE.	
Fe	male White	WIDOW	ED DIVORCED	2/10/31		30 yrs.	Nontris Dey	ys Hours Mir
De. USU	JAL OCCUPATION (Give kind	of work 10b. I	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or fo	reign country)	12. CITIZE	N OF WHAT COUNT
one duri	ing most of working life, even	if refired)		Baltir	nore, Ma	brefre	11	S.A.
3. FATH	dependent HER'S NAME		none	14. MOTHER'S MAIDEN		ir y Laria		D.R.
	hn Gabriel Sha		COMMITTEE IN THE STATE OF THE S		or Watki			
	DECEASED EVER IN U.S. ARM or unkown) (Ifyesgivewerore		SOCIAL SECURITY NO. 17. II	NFORMANT		Address		No Zak Tak
n	10 -		none	Rosewood	Records	. 0	wings	Midls, Md
18. 0	CAUSE OF DEATH [Enter of	only one ceuse per	line for (e), (b), end (c).]	OUTU	11.			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	PIRATION	PNEU	HOW,	11.5		4 days
	m = 1.1					1371-		4 44,5
Cond	2211	CP.	astic 2	DIPLE	G 1 1	4.		
	ditions, if eny, which		901102					
	stetting the underlying	DUE TO						
	lest.	(c)						
2De. OR CO	PART II. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVEN	I IN PART 1(e	PERFORMED
3								YES NO
2De.	ACCIDENT WAS UNDERLYIN ONTRIBUTING CAUSE OF		SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II o	f item 18.)		
(IF EI	THER, NOTIFY MEDICAL EXA							
20c.	TIME OF INJURY Month,	Dey, Yeer 2Dd.		CE OF INJURY (Home, farm		r town)	(County	(Stete)
20c.	Hour e.m.	White	e Little Lilling	ory, street, office bldg., etc.	.)			
	p.m.	19 et wo		1/07	15	1/11	- 61	
			nded the deceased from					that (I) (we)
saw	the deceased alive on	4/14	19.61, and that	death occured at. 2.	AA, A.M.	the causes ar	nd on the	date, stated abo
22e.	SIGNATURE	~ ~	(A2 1	ATTENDING A	MED.	STAFF	11,	/, 22b. DAT
		. 2 7	Helm	211112	DIRECTOR	PHYS.	4/14	4/6/ 313
1	True	47 .	M					
	PHYSICIAN'S	475.	M.	22d. ADDRESS			1	
	NAME (Type)	T. Decko		22d. ADDRESS	St. Tr.	School	, Owir	ngs Mills,
	NAME (Type) Ernest		, M.D.	22d. ADDRESS Rosewood				ngs Mills,
3e. BUR	NAME (Type) Ernest	TE THEREOF	M.D.	22d. ADDRESS ROSEWOOD OR CREMATORY	23d. LOCAT	ION (City, town		ngs Mills,
23e. BUR REMO	NAME (Type) Ernest RIAL, CREMATION, 23b. DA VS (Specify) 4	TE THEREOF	23c. NAME OF CEMETERY C	22d. ADDRESS ROSEWOOD OR CREMATORY	Bal	to 25	or county)	(Stete)
23e. BUR REMO	NAME (Type) Ernest MAL, CREMATION, 23b. DA (Specify) 4- RAL DIRECTOR'S SCHATURE	TE THEREOF	M.D.	22d. ADDRESS ROSEWOOD OR CREMATORY	Bal	to 25 AR 25b. REGIS	or county)	(Stete)

LEDAN TELEVISION the enoughest Name Mark Section of the sectio THE LOUDEN SUBSTITUTE OF THE STATE OF THE ST 年120日本中的日本大学中的日本 The same of the sa

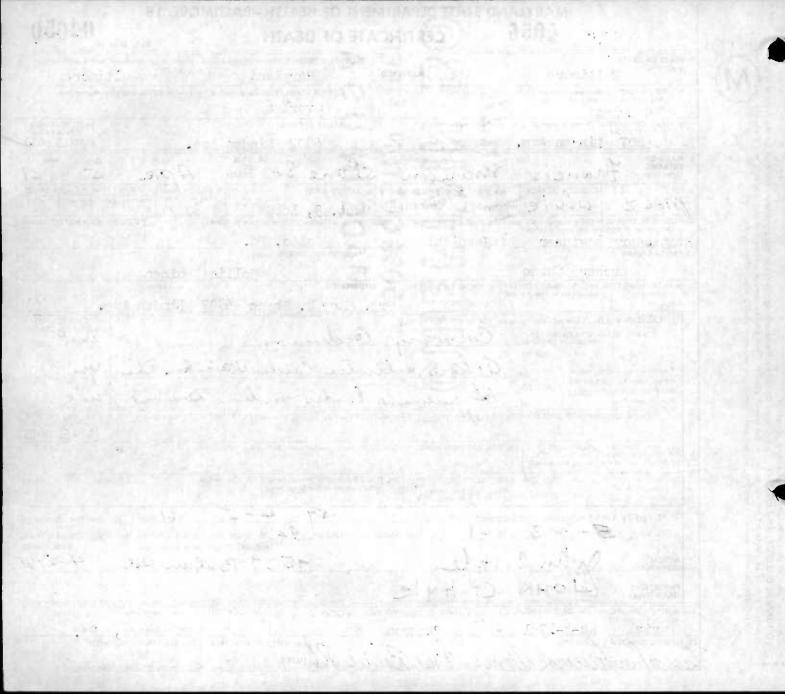
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4056

CERTIFICATE OF DEATH

04050 Reg. Dist. No.

TY OR TOWN JRAL ond give of Overl AME OF HOSPIR INSTITUTION 6807	ea		MARYLAND STAY IN 16	2. USUAL RESIDENCE (Wood STATE		d lived. If instituti b. COUNTY		timore		
Overl AME OF HOSPI R INSTITUTION 6807	earest town)	write c. LENGTH OF	STAY IN 1b	CITY OF TOWN I						
AME OF HOSPI R INSTITUTION 6807				X Overle		rote limits, write R	URAL ond g	ive nearest to	wn)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS 6807 Linden Ave.				e. IS RESIDENCE ON A FARM? YES NO	
ASED To print)	First	30	Aiddle	shane Su	4. DATE OF DEATH	AP	ith R	Day	Year 19 6/	
ALZ	1 . 7 . 1			8. DATE OF BIRTH Sept. 3. 188	10	9. AGE (In years lost birthdoy) 80 yrs.		1 YEAR IF UN Days Hou		
UAL OCCUPATI	ON (Give kind of work do	ne 10b. KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign c	ountry)	12. CITI2	ZEN OF WHA	T COUNTRY?	
tionary	patro.	Hospital					U	SA		
				14. MOTHER'S MAIDEN	NAME					
Archer Shane				Mollie Poiner						
or unknown)		rice]							(()	
				. Mary V. Sn	iane o	SU/ Line	den Av		(0)	
		Curone	ere	Occlusion				ONSET AL	DEATH	
		athero	sile	where Cone	lis ve	isculen	Die	yes	,	
use (o), stating	the under-	Hyperl	ensuis	e ladiovosula Desire				cin k		
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	/EN IN PART	PER	S AUTOPSY FORMED?	
CONTRIBUTING	G CAUSE OF DEATH	0b. DESCRIBE HOW INJU	JRY OCCURRE	D. (Enter noture of injury in	Port I or Por	t II of item 1B.)				
	RY Manth, Doy, Year 19	20d. INJURY OCCURRE While Not while at work ot work	D 20e. PL fo	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City	or town)	(0	County)	(Stote)	
l certify t	hat I attended the o	r 1	that death	19 57 , ta accurred at 9 4	-4 - 5 -M, fram	the causes ar	d an the	date stat	ed abave	
TUAL NATURE	John C	, Hyle	45	M.D. 75	27 B	Selwin	Pel.	4	ATE SIGNED	
(SICIAN'S ME (Type)	MOHN	CHY	le							
RIAL, CREMATION OVAL (Specify	ON, 22b. DATE THEREOF	R CREMATORY	22d. LOCA			(S	tote)			
	ing most of worthorn in the control of the control	UAL OCCUPATION (Give kind of work do ing most of working life, even if retired) tionary Engineer HER'S NAME Archer Shane S DECEASED EVER IN U. S. ARMED FORCI or unknown) (If yes, give wor or dates of service) CAUSE OF DEATH [Enter only one coust part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO conditions, if ony, which pare rise to immediate use (o), stating the under use (o), stating the under use (o), stating the under ling couse last. PART II. OTHER SIGNIFICANT CONDITION (C) ACCIDENT WAS UNDERLYING (C) CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year Hour a.m. p. m. 19 I certify that lattended the cover and the cove	UAL OCCUPATION (Give kind of work done lob. KIND OF BUSIN ing most of working life, even if retired) LINEY Engineer Archer Shane Archer Shane DECEASED EVER IN U. S. ARMED FORCES? Iff yes, give wor or dates of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CONTRIBUTIONS, if ony, which over rise to immediate use (o), stating the under ling couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year While Not while at work of the work of t	UNAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU ing most of working life, even if retired) tionary Engineer BER'S NAME Archer Shane GECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO conditions, if ony, which over rise to immediate use (a), stating the under ling couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ACCIDENT WAS UNDERLYING (c) CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED while not work of	UAL OCCUPATION (Give kind of work done ing most of working life, even if retirred) HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL HAMOTHER'S MAIDEN Archer Shane S. DECEASED EVER IN U. S. ARMED FORCES? OF Williams HOSPITAL HOSPITAL HAMOTHER'S MAIDEN Archer Shane S. DECEASED EVER IN U. S. ARMED FORCES? If year, give wor or dote of service) DUE TO Anditions, if only, which DUE TO Anditions, if only, which DUE TO Anditions, if only, which DUE TO ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, DOY, Year HOUR J. Manth, DOY, Year J. J. Manth, DOY, Year J. J. J. Manth, J. J. J. J. J. ADDRESS ADDRESS ADDRESS J. 188 HALL CREMATION, J. BITHPLACE (Stot Ral to. Bal to. Ral to. Bal to. HALL CREMATION, J. BITHPLACE (Stot Ral to. Bal to. B	DIVORCED Sept. 3, 1880 UAL OCCUPATION (Give kind of work done ing most of working life, even if refired) tionary Engineer JOSPITAL BIRTHPLACE (Stote or foreign of ing most of working life, even if refired) HOSPITAL BAL to . Md. BAL to . Md. HER'S NAME Archer Shane SECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. INFORMANT OF UNLANDING Mary V. Shane 6 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ONDITIONS, if only, which over rise to immediate use (o), stating the under use (o). ACCIDENT WAS UNDERLYING CONDITIONS CONFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS ACCIDENT WAS UNDERLYING CONDITIONS CONFIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Por EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of	DIVORCED Sept. 3, 1880 Solitation Soli	DIVORCED Sept. 3, 1880 80 yrs. Months 80 yr	DIVORCED DIVORCED DIVORCED Sept. 3, 1880 SO yr. Months Doys Hour growth of which in the property of th	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fitted the registror priar to burial, cremation, ar remayal, and in any event within 72 hours after death. CIAN: The law requires that the death certificate be executed within 24 haurs after death. TO HOSPITAL OR ATTENDING VS A15 (4) 15M 9/5B



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	OR INSTITUTION	TAL (If nat in haspital, give stree	r dddress)	1/	d. STREET ADDRESS				ON	A FARM?
T	owson C	onvalesent H	ome		412 Murd	lock B	ld		YES	
3. 1	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Manth	h	Day	Year
	Type or print)	Elias	John S	her	pperd	DEATH	4.			19
5. S	EX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. D/	ATE OF BIRTH	9	. AGE (In years last birthday)	Months Day		
Ma	le	White WIDOV	VED DIVORCED	1-	-7-1883		78 yrs.	Months Day	's Haur	s Min.
	USUAL OCCUPATI	ON (Give kind of work dane 10t	. KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	ar foreign cau	ntry)	12. CITIZEN	OF WHAT	COUNTRY?
	Clerk	king life, even if retired)	enn. Rail Ro	ad	Maryla	and		U.	S.A.	. A
13.	FATHER'S NAME				. MOTHER'S MAIDEN N				100	100 1
	John	Shepperd			Ida Baco	on				
15.	WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFOR	MANT		Addre	ess		
lims	No	(If yes, give war or dates of service)	_ A		John Geyer	330	Regest	er Ave	. #:	12
		immediate (reempensatur Erterio	181	Cardio Vi lerosis Th	aseur Lypert	ar elis		NTERVAL INSET AN 2 4	D DEATH
CERTIFICATION		HER SIGNIFICANT CONDITIONS						EN IN PART 1(o	PERI	S AUTOPSY FORMED?
	OR CONTRIBUTING	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in P	Part I ar Part I	II af item 18.)			
MEDICAL	20c. TIME OF INJU Haur a. m.	Whil		PLACE factory,	OF INJURY (Hame, farm, street, affice bldg., etc.	20f. (City o	ar tawn)	(Caun	ity)	(State)
W	p. m. 21. I certify the saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (1) (Aris hospital) after used alive an Oppical AURENCE	1961, and that	M.D.	ATTENDING MEPHYS. 22d. ADDRESS 680-4	rector -	he causes and	d an the do		(we) last ed abave. P2b. DATE SIGNED of 2
23a	BURIAL, CREMATIC	23b. DATE THEREOF 4-29-61	St. James M		EMATORY Ladys Man		ON (City, lawn, a Monkt		-	tate)
24.	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	Br	25a. REC'I	D BY REGISTR		TRAR'S SIGNA		
E	Brooks F	uneral Servi	cd Towson 4.	M				rthun S. 1	Traus.	

TO HOSPITAL OR ATTENDING PEXSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page may be retained by the haspits of catending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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FOR STATE 4059 TO DEPUTY MEDICAL EX. MINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fine.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Beath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04053

o. COUNTY BE	iltimore		MARYLAND	a. STATE	Mary.			Baltin	nore
write RURAL	N (if outside corporate lime and give neerest town)	nits,	c. LENGTH OF STAY IN 18	c. CITY O		outside corporate	limits, write RURAL	and give n	earest town)
d. NAME OF HO	SPITAL OR INSTITUTION	(if not in hosp	oitel, give street eddress)	d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM?
h	213 Kenwood	Avenue			4913	Kenwood	Avenue		YES NO K
3. NAME OF	Firs		Middle	Last		4. DATE	Month	Day	Yeer
(Typa or print)		ORAH	LEE	SIPP	EL	OF DEATH	April	7	19 61
5. SEX	6. COLOR OR RACI	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT		_ lac	E (In yeers IF UND birthdey) Month		Hours Min.
Female	White	WIDOWED	DIVORCED [April 28	, 195	8 2	yrs.	ih 9	min.
	ATION (Give kind of working life, even if retir		ND OF BUSINESS OR INDUS	TRY 11. BIRTHPL.	ACE (Stata o	or foreign country)	12.	CITIZEN O	WHAT COUNTRY
No	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		None		lto.			US	A
13. FATHER'S NAM	E			14. MOTHER'	MAIDEN I	NAME			
	John E. S	Sippel			Marv	R. Do	vle		
	EVER IN U.S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO. 17	INFORMANT			Address	- 100	
	(If yes give wer or detes of	service)	None T.	ohn E Ci	nnal	1.072 %	nwood Ave	1	6)
NO 1 18. CAUSE O	F DEATH [Enter only on	a causa per li		ohn E. Si	.bber	4912 Ve	HWOOD AVE		ERVAL BETWEEN
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-	IMMEDIATE CAUSE (a		rstitial Pner	mont of 2.					
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Conditions, if	,)							
gave rise to imm	DI DI IE TO								
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Z PART II. OI	THER SIGNIFICANT COND	OITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE CON	DITION GIVEN IN F	ART 1(e) 1	9. WAS AUTOPSY
5									PERFORMED?
2De. EXTERNAL	CALISE WAS	2DL DESCRI	BE HOW INJURY OCCURED	(Entar nature of in	iury in Part	Loc Part II of item	18)		
PRIMARY OF DEA	CONTRIBUTING [200. DEJCKI	DE HOW MOOK! O COOKED	, (Line) notate of n					
20c. TIME OF I Hour a.		eer 2Dd. I While et work	Not While	PLACE OF INJURY (actory, street, office			own) (County)	(Stata)
21. I certify	that I took charge	of the rem	ains described above,	held an Autop	y X,	Inspection	, Inquiry	, and	in my opinion
	ed from: Natural o		/ /		omicide	Undete	rmined manner	П	
Godin rosuire	0 /					EXAMINER			
ACTUAL	(1) 1 0.0	. (P.			CAL EXAMINER		D	ATE SIGNED
SIGNATURE	(harle	02	Elly -	M.D.				1.	/7/61
EXAMINER'S NAME (Typa)	Charl	Les S.	Petty, M.D.			EXAMINER :	ty)		1/ 1/OT
22a. BURIAL, CREMA	ATION, 226. DATE THE		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	(City, town, or cou	intry)	(Stete)
REMOVAL (Spa Burial	4-11-196	57	Gardens Of	Faith	r	rump Mil	1 Rd. Ba	Ito.	Co. Md.
23. FUNERAL DIREC		Julia I	ADDRESS	1 011	24a. REC	D BY REGISTRAR	24b. REGISTRAR	'S SIGNATI	JRE
1	7 1	11.	240 A211	· DI	.6/36	3 1 3 '61	Cirlling	8 Harry	A
VERRIMAN	THAIR TOUR	HIME	CHUI VALAL	VICII	DATE	1 10 01	Constant.	ALL, FULLOW	

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FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14055

-) [1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed livad, If institution: Rasidance before admission)
1	e. COUNTY Baltamore MARYLAND	e. STATE Manufand b. COUNTY Baltimana
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Atside corporata limits, write RURAL and give nearest lown)
0	writa RURAL and giva neerest town)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
	-(10 A: 1	9648 Dixon Avenue ON A FARM?
	3. NAME OF First Middle	1 La
	DECEASED	Last 4. DATE Month Day Yaar OF
	(Type or print) Mr. David Arthur Smith	DEATH April 10th 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED WEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	male white WIDOWED DIVORCED	Oct 30, 1900 Goyrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Bendix Dompany	Baltimore, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John W Smith	Qda 2
3	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	(Yas, no, or unkown) ((Ifyasgivawerordetasofsarvica)	C_{1} , C_{1} , C_{1}
1	1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	s. Cath B. Smith same
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	d/ Hemerrhage sudden
0	33/X DUE TO	
	Conditions, if any, which geve rise to immediate cause (b)	
Į.	(e), steting the underlying DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ī,		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURED. (E. CAUSE OF DEATH.	ntar natura of injury in Pert I or Pert II of ilem 18.)
7		
		CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stele)
	Hour e.m. Whila Not Whila tector p.m. 19 et work at work	pry, street, offica bldg., atc.)
	21. I certify that I took charge of the remains described above, hel	Id an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Natural causes 4. Accident 7. Suici	
		CHIEF MEDICAL EXAMINER
3	ACTUAL MA all HM Vines	ACCICTANT MEDICAL EVAMINED TO DETE CICATED
1	SIGNATURE STATEMENT	M.D. ASSISTANI MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER D
1	EXAMINER'S (harles 7. O'Donnell	Address (Streat, city, town, or county)
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
1	Burial 4/13/61 Oak Lawn (emetery Baltimore, Maryland
3,	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Leonard J. Ruck 5305 Harford Road	#14 DATE APR 11 '61 Circling S. Hand
	Leonard J. Nuck 5305 Harford Noda	T I DAIE MESS x "

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STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) filled in I ONSUL e. IS RESIDENCE ON A FARM? 3. NAME OF DECEASED DEATH 1961 (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED 148. last birthday) WIDOWED | DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? MUNCANL DIRECTURS ASS'T MUNERAL 13. FATHER'S NAME please attending 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) NOWE 216-09-139 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from......, 19. (I) (we) last saw the deceased alive on..... ATTENDING 220 SIGNATU MED.
DIRECTOR STAFF PHYS. feath. Page 4 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S O FUN director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) NEW CATHEDRAL VR A15 (4) arihur S. Frans

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore o. COUNTY O. STATE b. COUNTY MARYLAND timore buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) (verlen 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE prior ON A FARM? The Martin twood ompanu YES NO registror NAME OF DATE Middle Year Day George DECEASED OF DEATH (Type or print) 19 for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with the last birthday) Months Min. Days Hours WIDOWED | DIVORCED | 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup eg Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may poges coroe Bertha unknown 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File (If yes, give wor or dates of service) samo PM3 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per Jing for (a), (b), and (c). ONSET PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit DUE TO with Conditions, if ony, which alang gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 90 PERFORMED? used YES 🗔 NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Exam WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while g. m. at work of work p. m. Page Med 21. I certify that taak charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that forworded to the Chief TO FUNERAL DIRECTOR: death resulted fram: Natural causes Suicide . Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22b. DATE THEREO! (Slole) REMOYAL (Specify) Burra 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 1 4 VS. A15ME(5) Hartord 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS

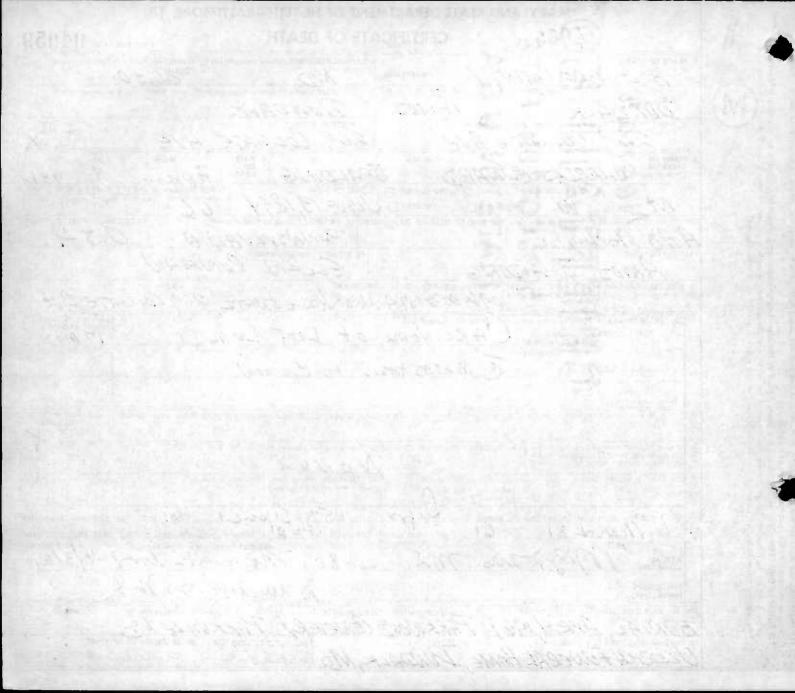
ATISTICAL RESEARCH AND R	ECORDS - BALTIMORE 1, MARYLAND	
CERTIFICATE	OF DEATH	
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O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst o. STATE b. COU	itution: Residence before admission) NTY BALTIMORE
b. CITY OR TOWN (If outside carporote limits, we RURAL and give nearest town)	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, wri	ite RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st	treet oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
OR INSTITUTION 4811 KENWOOD AVI	E.	4811 KEUWOOD AVE	YES NO P
3. NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH DEATH	Month Day Year 26 19 61
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	DATE OF BIRTH Section 19. AGE (In year) Idea to birthdo	Pars IF UNDER 1 YEAR IF UNDER 24 HRS.
I CIMALICE YOU	DOWED DIVORCED	1000	yrs.
10a. USUAL OCCUPATION (Give kind of work done during mast af warking life, even if retired)	\A/	5	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	WooLWOKTHS,	14. MOTHER'S MAIDEN NAME	0.3.8.
CHARLES ROSE.		HAUNAH NIEMEYE	R.
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?		FORMANT	Address
(Yes, no, or unknown) (If yes, give war or dates of service)	218-28-0258	HERMAN P SMITH	
18. CAUSE OF DEATH [Enter only one cause p	per line for (o), (b), and (c).]	/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Goron ary	occlusion	
420.1 DUE TO	76 //	/ /	/
Conditions, if ony, which) (b)	Hrkno-sclenk	a cardio- vasedin o	listare years.
gove rise to immediate couse (a), stating the under-			
lying cause last. (c)			The Was All Topicy
PART II. OTHER SIGNIFICANT CONDITION	. / / //	NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
ZOG. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Part I or Port II of item 18	.)
Hour a.m.		ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (Stote)
21. I certify that (I) (this host fall as		4/24 1967, ta $4/2$ leath accurred at A M, from the cause	s and an the date stated above.
220. SIGNATURE	me	M.D. PHYS. MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNES
22c. PHYSICIAN'S NAME (TYPE) 7. 9.7. S	Pamuels, MI	Franklin Sq-9.2 H	ospital of
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	a 15	
BURIAL APRIL 29,	ADDRESS	250. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
24. TOTAL DIRECTOR'S SIGNATURE	m.9 7101 8 0 . \$	n +to	Chilma & Kraua

TO HOSPITAL OR ATTENDING F. "ICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 2, may be retained by the hospital, attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shalls be filed with the State Board at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. VR A1S (4) 15M 9/S9

STATE OF THE PARTY OF THE STATE Hartin State of the State of th AND THE RESERVANCE OF THE PARTY The same of the sa



PHYSICIAN: The law requires that the death certificate be executed within 24 hours at TO HOSPITAL OR ATTEND SPHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 included with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

				0/0/0
1. PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution: F	Residente belote aum Jon
altimore	MARYLAND	a. STATE Maryland	b. COUNTY	3V01-4
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporete limits, writa RURAL en	d give neerest town)
Fort Howard	7 Days	Baltimor	e 12	
d. NAME OF HOSPITAL OR INSTITUTION (if no		d. STREET ADDRESS		IS RESIDENCE ON A FARM
Veterans Administratio	n Hospital	325 Wins	ton Avenue	YES NO
NAME OF First	Middle	Lest	4. DATE Month	Day Yeer
(Type or print) S.A. ARTHUR	Ą.	SPEAR,		25 1961
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	SPEAR).	9. AGE (In yeers IF UNDER 1	
24.7		July 2, 1893	last birthdey) Months 67 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTR			IZEN OF WHAT COUNTR
done during most of working life, even if retired)	Malanhana Company	Poltimore 1	Manual Sural	0 4
3. FATHER'S NAME	Telephone Compan	14. MOTHER'S MAIDEN N		S. A.
John R. Spear				
5. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17. 1	Lillian E.		
Yes, no, or unkown) (Ifyesgivewerordetesofservice	216-05-1203 VA	A, BALTIMORE 1	8, MARYLAND, Ft. Howa	ard Division
Yes WW I 1B. CAUSE OF DEATH [Enter only one ceu	1200			I INTERVAL BETWEEN
DART I DEATH WAS CALISED BY				ONSET AND DEATH
IMMEDIATE CAUSE (e)	ACUTE HEART FAILUR	E .		5 MINUTE
DUE TO				
	DELERIUM TREMENS			7 DAYS
geve rise to immediate cause				
DUETO				The second second
(a), stating the undarlying DUE TO	CHRONIC ALCOHOLISM			MANY YEAR
(a), stating the undarlying DUE TO ceuse lest.			al disease condition given in part	1(a) 19. WAS AUTOPS
(a), stating the undarlying DUE TO ceuse lest.	NS CONTRIBUTING TO DEATH BUT NO		al disease condition given in part	1(a) 19. WAS AUTOPS PERFORMED?
(a), stating the undarlying DUE TO ceuse lest.	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN		1(a) 19. WAS AUTOPS PERFORMED?
(a), stating the undarlying DUE TO ceuse lest.	NS CONTRIBUTING TO DEATH BUT NO Right Eye	T RELATED TO THE TERMIN		1(a) 19. WAS AUTOPS PERFORMED?
DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CIFE EITHER, NOTIFY MEDICAL EXAMINER)	Right Eye b. DESCRIBE HOW INJURY OCCURED 200. PLA	T RELATED TO THE TERMIN (Enter neture of injury in P	ert I or Pert II of item 18.) ; 2Df. (City or town) (Cou	1(a) 19. WAS AUTOPS' PERFORMED? YES NO
(a), stating the underlying DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CORRESPONDED CONTRIBUTING IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m.	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURED And the state of th	T RELATED TO THE TERMIN	ert I or Pert II of item 18.) ; 2Df. (City or town) (Cou	1(a) 19. WAS AUTOPS PERFORMED? YES NO A
(a), stating the underlying DUE TO COURS lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration 2De. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20C. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURED While Not While et work at work	T RELATED TO THE TERMIN (Enter neture of injury in P CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	ert I or Pert II of item 18.) 2Df. (City or town) (Cou	1(a) 19. WAS AUTOPS PERFORMED? YES NO A
Corneal Ulceration Corneal Ulceration Cocupent WAS UNDERLYING 200 CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 21. I certify that (1) (this hospital)	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURRED While Not While et work at work attended the deceased from	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18	2Df. (City or town) (Cou	1(a) 19. WAS AUTOPS PERFORMED? YES NO A
DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 20e. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 21. I certify that (1) (this hospital) saw the decease alive on April	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURRED While Not While et work at work attended the deceased from	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18	ert I or Pert II of item 18.) 2Df. (City or town) (Cou	1(a) 19. WAS AUTOPS PERFORMED? YES NO A
(a), stating the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 2Do. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20C. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 21. I certify that (1) (this hospital)	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURED 2Dd. INJURY OCCURED work Not While et work at work at tended the deceased from 19.61., and that	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18 death occured af	2Df. (City or town) (Cou	nty) (Stete) 1(a) 19. WAS AUTOPS PERFORMED? YES NO ATTEMPT NO ATT
(a), stating the underlying DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 2De. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19 21. I certify that (A) (this hospital) saw the deceased alive on April 22e. SIGNATURE	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURED 2Dd. INJURY OCCURED work Not While et work at work at tended the deceased from 19.61., and that	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18	2Df. (City or town) (Cou	nty) (Stete) 1(a) 19. WAS AUTOPS PERFORMED? YES NO ATTEMPT NO ATT
The stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 2De. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 21. I certify that (1) (this hospital) saw the decease anye on April 22c. SIGNATURE	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURED 20e. PLA fact work at work at tended the deceased from	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18 4 12 death occured af Attending May 12 death occured af Attending May 12 death occured af 22d. Address	2Df. (City or town) (Cou	1(a) 19. WAS AUTOPS PERFORMED? YES NO A
(a), stating the underlying DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration 2De. ACCIDENT WAS UNDERLYING 200 CONTRIBUTING 2005 OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 21. I certify that (M) (this hospital) Saw the deceased alive on April 2005 SIGNATURE 22c. PHYSICIAN'S NAME (Type) DANIEL R. Zee	Right Eye DESCRIBE HOW INJURY OCCURED A DESCRIPTION OF THE HOW INJURY OCCURED A DESCR	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18	2Df. (City or town) (Cou	nty) (Stete) 19. WAS AUTOPS PERFORMED? YES NO A NO
(a), stating the underlying DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 20e. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., p.m. 19 21. I certify that (1) (this hospital) saw the deceased alive on April 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type) DANIEL R. 20 23e. BURIAL, CREMATION, 23b, DATE THEREOR REMOVAL (Specify)	Right Eye DESCRIBE HOW INJURY OCCURED AND While Not While et work at work attended the deceased from the state of the st	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18 death occured af Attending May 12 Attending May 2 Attending M	2Df. (City or town) (Cou	nty) 19. WAS AUTOPS PERFORMED? YES NO A NO A (Stete) 10. that (t) (we) I the date stated above 22b. DATE 14-25-61 Division (State)
(e), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 2De. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., 19 21. I certify that (1) (this hospital) saw the decease alive on April 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type) DANIEL R. 20 23a. BURIAL, CREMATION, 23b, DATE THEREOR REMOVAL (Specify) Burial	Right Eye b. DESCRIBE HOW INJURY OCCURED 2Dd. INJURY OCCURED While Not While et work at work 19 61, and that 25 19 61, and that M.D. 23c. NAME OF CEMETERY	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18 death occured af Attending Phys. D. 22d. Address VAH Baltir OR CREMATORY	2Df. (City or town) (County) 2Df. (County) 2Df. (City or town) (County)	nty) (State) 19. WAS AUTOPS PERFORMED? YES NO AUTOPS NO AUTOPS NO AUTOPS PERFORMED? NO AUTOPS NO AU
(a), stating the underlying Course lest. PART II. OTHER SIGNIFICANT CONDITION Corneal Ulceration, 20e. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., 19 21. I certify that (1) (this hospital) saw the deceased alive on April 22e. SIGNATURE 22e. PHYSICIAN'S NAME (Type) DANIEL R. 20 23e. BURIAL, CREMATION, 23b, DATE THEREOR REMOVAL (Specify)	Right Eye DESCRIBE HOW INJURY OCCURED AND While Not While et work at work attended the deceased from the state of the st	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) April 18 2: death occured af 2. Attending PHYS. Di 22d, ADDRESS VAH Baltir OR CREMATORY emetery	2Df. (City or town) (County) 3Df. (City or town) (County) 3Df. (City or town) (County) 3Df. (City or town) (County) 4Df. (City or town) (County) (County) 4Df. (City or town) (County) (County) (County) 4Df. (City or town) (County) (PERFORMED? YES NO A nity) (Stete) Sl., that (t) (we) la the date stated above 22b. DATE 14-25-61 Division y) (State) Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4067 CERTIFICATE OF DEATH 04061

PLACE OF DEATH 6. COUNTY 1. COU	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissio *Maryland Baltimore
Baltimore MARYLAND	Maryland Dal William
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville	Halethorpe
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
House in the Pines Nursing Home	1817 Fairview Avenue YES NO
3. NAME OF First Middle DECEASED (Type or print) Anna R. Spit	Zer 4. DATE Month Day Year OF DEATH April 27, 1961 19
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	Nov. 4, 1874 86 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
Housewife	Germany MXXXXXXX German
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unknown) (Ifyasgivawarordalesofservica)	INFORMANT Address
	s. Wm. B. Mc Closkey-6306 Mossway Balto.12
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Interval Between ONSET and DEATH
Conditions, if any, which gave rise to immediate cause	Cardis-Vascular Disease 1531.
(a), stating the undarlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of itam 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., atc.)
and the second s	at death occured a 45M, from the causes and on the date stated above
220. SIGNATURE 2 A PM	ATTENDING MED. STAFF SIGN PHYS. DIRECTOR PHYS. 22b. DATE
22c. PHYSICIAN'S NAME (Type) Wilmer K. Gallager M.D.	6209 Firedrick Rd., Balterone 28, Ind
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial L-29-61 Loudon Park	Cor CREMATORY 23d. LOCATION (City, town or county) (State) Cometery Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATUREADDRESS /	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
al all the same	MAY 1 '61 arily & thous

Bartencore 17 116d

TO HOSPITAL OR ATTENION S PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

		2563		CE	RTIFICA	ATE	OF DEA	HTA				136	log	2
1.	PLACE OF DEATH o. COUNTY BALT	10.,	, •		MARYLAND			CE (When		l lived. If instituti b. COUNTY			ore admiss	sion)
	b. CITY OR TOWN (IF	outside corporate lim prest town) RUN	its, write	c. LENGTH	OF STAY IN 16	X	1		side corpor	rote limits, write F	RURAL on	d give ne	arest tow	n)
	d. NAME OF HOSPITA OR INSTITUTION 542 STEA	AL (If not in hospitol, MERS RUN I	give street	address)		1	d. STREET ADDR		MMERS	RUN ROA	D			SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	JOHN Fi	rst WI	LLIAM	Middle SPONHI	CIME	Lost R		4. DATE OF DEATH	APRI		9	-/	Year 1961
5.	MALE	6. COLOR OR RACE WHITE	7. MARE		R MARRIED		16-1905			9. AGE (In years lost birthday) 55 yrs.	Months		Hours	ER 24 HRS Min.
10-	DUSUAL OCCUPATION DURING MOST OF WORK	ing lite, even it retired	done 10b.	KIND OF BU		USTRY	11. BIRTHPLACE BALTO			ountry) -		S.A		COUNTRY
13	FATHER'S NAME ERNEST SI	ONHEIMER				14	MOTHER'S MA	IDEN NA	ME	AND				
	WAS DECEASED EVER	IN U. S. ARMED FOI If yes, give wor or dates of		SOCIAL SECU		INFOR	ANNA E	. SP	ONHEI	MER 542		MMER:	s Rui	N RD.
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c	0,00	ne for (o), (b)	ond (c).]	10	tos	is	Inu	las W		ON	ERVAL BE SET AND	
	gove rise to in couse (o), stating t lying couse lost.	nmediote (c)	n ng			1	0	. /	1107			1	
CATION	PART II. OTH	ER SIGNIFICANT CON	OITIONS	CONTRIBUTIN	G TO DEATH BU	TON T	RELATED TO THE	E TERMIN	IAL DISEASI	CONDITION GIV	VEN IN P	ART 1(o)	PERFC	AUTOPSY ORMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW I	NJURY OCCURR	RED. (En	nter noture of inj	jury in Po	ort I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. II While of wor	NJURY OCCU Not wh k of work	ile f	PLACE Coctory,	OF INJURY (Hom street, office bld	ne, farm, dg., etc.)	20f. (City	or town)		(County)		(Stote
	21. I certify that saw the decease	t (I) (this hospital	1) attend	1.		1	M l	196 QA 1		ipul couses an				(we) las d abave
	22a. SIGNASIONS	Monda	ara	luer		M.D.	ATTENDING PHYS.	MED		STAFF PHYS.		4/1		SIGNED
	22c. PHYSICIAN'S NAME (Type)						22d. ADDRESS	le	to	6 9	m	d	/	
23	BURIAL, CREMATION REMOVAL (Specify)	14-13-63		23c. NAME ZIQI	OF CEMETERY	OR CRE	EMATORY	2		TION (City, town,		MD.	(Sto	te)
24 C	FUNERAL DIRECTOR'S	signature m. Fun't	1/10	ADDRE	to Bu	laus	: Rd		BY REGIST		ISTRAR'S			

I DEPT.		PLACE OF DEA	69 TH	WEL	DICAL I	EXAMINE		USUAL RESIDEN			institution. Pa	0406	3
		. COUNTY	Baltimo	re		MARYLA		- STATE	yland	b. COUN	ITY -	timore	adanssion
Board Artifeakh,			ovans	- Wood k	brock	LENGTH OF STAY			rans Wo	rod broof	RURAL and	give neerest to	wn)
ē -				ok Lan		, give street address			dbrook			YES T	RESIDENCE I A FARM? NO [[]
ith the Sta		DECEASED (Type or print)		NORA		MARTE		SPRULES	4. DATE OF DEATH	Month		25 19	
	5.	Female	6. COLO	or or RACE	7. MARRIED WIDOWED	NEVER MARRIED	7	TE OF BIRTH	9.	last birthday)	IF UNDER 1 Y		R 24 HRS.
in 7.4 nours a	10a doi	USUAL OCCUP	working life,	kind of work even if retired	d) 106. KIND	OF BUSINESS OR IN	DUSTRY 11		or foreign cou	59 yrs.		EN OF WHAT	COUNTRY?
with	13.	FATHER'S NAME			Own-	heme	14.	Ireland MOTHER'S MAIDEN	NAME ·		US	A	
		Thoma WAS DECEASED i, no, or unkown)	(If yes give w	ARMED FOR		TAL SECURITY NO.				Address		Stations	
ue u	_	ne 18. CAUSE OF	no DEATH IS		non	or (a), (b), end (c).]	Fami.	y records	l			INTERVAL BE	TALLERNI
2	-	PART I. DE	ATH WAS CA		Rar	hiturate	Intox	rication				ONSET AND	DEATH
5		970 . Conditions, it e geve rise to imme (a), stating the cause last.	ny, which diete cause undarlying	DUE TO (b)_ DUE TO (c)_		biturate							DEATH
יי סי ני	IFICATION	Q70 . Conditions, if e geve rise to imm (a), staling the cause last. PART II. OTH	IMMEDIAT 2 ny, which ediete cause undarlying HER SIGNIFIC	DUE TO (b) DUE TO (c) ANY CONDIT	TIONS CONTRIB	UTING TO DEATH B	UT NOT REL	ATED TO THE TERMI			EN IN PART 1	(e) 19. WAS PERFO	DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. () 4 1164 4970 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) should years. Essex d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7 P 305 Eastern Blvd. YES NO M at her home. .⊆ NAME OF First Middle 4. DATE Manth Year filled DECEASED (Type or print) ROSELIA VICTORIA STABLER DEATH April---- 19/61 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS letely 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [DIVORCED [Female March-20-1911 White campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) Baltimore Md. U.S. pub none none ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Michael Takacs Ida Phillips 72 haurs haurs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending Mr. A. Earl Stabler (husband) 305 Eastern Blvd. 261-60-1530 no within CAUSE OF DEATH [Enter only one couse per sine for (o), (b), and (c)." INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not while of work of work 21. I certify that I attended the deceased from 19 1, that I last saw the deceased detached alive on and that death occurred at 10 P .M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL Pe SIGNATURE

FUNERAL DIRECTOR: 3 should page he 2 VS A15 (4) 1SM 10/57

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

ofter death.

within 24 haurs

executed

certificate

death

requires that

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

Loudon Park

24g. REC'D BY REGISTRAR

Baltimore 29, Maryland 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

Stewart & Mowen Co. . 108-W-North-Av. Balto. 1-Md | DATE APR 1 7 '61

April-18-1961

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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old be r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) COCKEYS VILLE 10 FLARS BALTIMORE	3101-4
090	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MP SONIC HOME d. STREET ADDRESS 5917 BURGE	SS AVE 6. IS RESIDENCE ON A FARM? YES NO
of h.	3. NAME OF DECEASED (Type or print) First Middle STANLEY. 4. DATE OF DEATH A	Month Day Year PRIL 22 1961
or re-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 8. DATE OF BIRTH 9. AGE (II) SOUTH	yrs. Months Days Hours Min.
haurs	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
	MARTIN KRAFT PAULINE	
event.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or ynknown) (If yes, give war or dolles of service) NONE NONE Land L-Anuth-	Cochesportlo, Ma
emaval, and in any	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under: DUE TO Vaccular disease	INTERVAL BETWEEN ONSET AND DEATH
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	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at work of work 19 to work 19 20f. (City or town)	(County) (State)
	21. I certify that (I) (this haspital) attended the deceased from 1951, ta 4- saw the deceased alive on 4-21 1961, and that death accurred at 6400, from the cau	
1	220. SIGNATURE Valla T. C. M.D. ATTENDING MED. STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	22b. DATE / SIGNED
	NAME (Type) WALTER T. KEES COCKEYSUIL	
o e o e o e o e o e o e o e o e o e o e		ore County, Md.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Cook, Inc. 1217 St. Paul Street DATE PR 2 5 '61	b. REGISTRAR'S SIGNATURE

The state of the s Miller Cook, Inc. 121V St. Toni Street and Street and St. Toni

Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** OR STATE 3 Film G285 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY iny delay is necessary, funeral director. Page a. STATE MARYLAND b. CITY, OR TOWN (if outside c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) for your e. IS RESIDENCE INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO DECEASED and 3 to the with the (Type or print) 6. COLOR OF RACE 7. MARRIED AGE (L years | IF UNDER 1 YEAR WER MARRIED T 19. IF UNDER 24 HRS. last bathdey) Months DIVORCED WIDOWED 7 10e. USUAL OCCUPATION (Give kind of work uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRDAPLACE eign country 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired) Meuse 13. FATHERIS NAME WAS DECEASED EVELIN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 (Yes, no, or unkown) | Wyasgive war or detes of service Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) DUE TO pinous Conditions, if eny, which gave rise to immediate cause DUE TO (a), slating the undarlying 38 causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL TED TO THE TERMINAL DISASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED J. 20e. PLACE OF INJURY (Home, form, Month, Dey, Yeer 20f. (City or town) (County) (Stata) fectory, street, office bldg. Ator prior to While Not While at work 21. I certify that I took charge of the remains described above, held an Autorsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident \ Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY Address (Street, city, town, or county) (Steta) 940 ᆼ 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

ND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 4073 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Filed b. COUNTY ÷ o MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RINAL and give nearest town) ploods WSA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ME I IS RESIDENCE & Aged Men's Home YES NO NAME OF Middle 4. DATE Month Day Yeor OF DEATH STOLZEN BACH (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days DIVORCED T WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. ARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CER O CER 13. FATHER'S NAME Na 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gove rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) o 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) USe Hour a. ft. While factory, street, office bldg., etc.) Not while at work at work D. m. ō 21. I certify that I attended the deceased from 19_61_that I last saw the deceased ped and that death accurred at 2. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL shauld PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) directo a. COUNTY filed b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) the fune OREEN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 5 YES NO DO .5 NAME OF 4. DATE Middle Month Year filled ges 1 c OF DEATH DECEASED (Type or print) 1961 5. SEX 7. MARRIED MEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED [DIVORCED YES. papers. comple 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo carbon ofter 13 FATHER'S NAME physicion 72 haurs INFORMANT attending CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ronar DUE TO Conditions, if ony, which signed gove rise to immediate DUE TO couse (o), stoting the underlying couse lost buriol-transit physicion has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removol, PERFORMED? YES NO NO 20d. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while this of work ot work 21. I certify that I attended the deceased fram 192 I that I last saw the deceased detached M, fram the causes and an the date stated above. and that death accurred at may be retained by the TO FUNERAL DIRECTOR: page 3 should be detact ADDRESS (Street, city or town, state) ACTUAL registror PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify)

ADDRESS

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9 '61

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g. REC'D BY REGISTRAR

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

certificate

death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH CERTIFICATE

01 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DEATH 1. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY e. STATE **6 COUNTY** Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) writa RURAL end give nearest town) Owings Mills Ferndale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO __ Rosewood State Training School Oaklev 3. NAME OF DATE Yaar DECEASED OF (Type or print) DEATH 19 Clarence Donald Sullivan 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX AGE (In years | IF UNDER 1 YEAR last birthdey) Months Days WIDOWED T DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Baltimore City, Md. Dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Paola Sullivan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 10 Bertie Estelle McCullough (deceased (deceased) 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give war or detes of service) Rosewood Records, Owings Mills 18. CAUSE OF DEATH [Enter only one cause per line for (a) S Md (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to immediate cause DUE TO (a), stating the underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY ERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work

filled in Pages 1 completely papers. 72 within carbon pue physician remove please 5 affending þ physicia signed cremation. burial-transit aftending has been the certificate hospital as use prior for this may be refair.
DIRECTOR. 20 3 should FUNERAL I FUNERAL I rector, page 3 director, l OI

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saw the deceased alive on.

22c. PHYSICIAN

REMOVAL (Spacify)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

PHYS.

24 FUNERAL DIRECTOR'S SIGNATU

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR

DIRECTOR

ATTENDING

22d. ADDRESS

PHYS.

M.D.

arthur S. Fireus

VR A15 (4) 15M 9/60

IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours a.

TO FUNERAL DIRECTOR: Aver this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. A15 (4)

1 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND () () () RCE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission states)

1. PLACE OF DEAT a. COUNTY	TH			2. USUAL RESIDEN	ICE (Where dad			dance before edmission)
	altimore		MARYLAND	. STATE Mar	yland	b. COUN	TY	V
	(if outside corporate limited give nearest town)	١,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpor	rata limits, writa	RURAL and gi	ve nearast town)
Fort H			62 Days	Bal	timore		2	VO Lead
d. NAME OF HOSP	PITAL OR INSTITUTION (in	not in ho	spital, give street address)	d. STREET ADDRESS				. IS RESIDENCE
Veteran	s Administra	tion	Hospital	3222 Ti	oga Park	way		YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	D	ay Yaer
(Type or print)	ESTER	BAN	S. TAC	GUIBOLOS	DEATH	APRII	17	19 61
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA	
Male	White	WIDOWI		11/22/96	6	(last birthday) yrs.	Months Day	s Hours Min.
1Da. USUAL OCCUPA	TION (Giva kind of work vorking life, aven if retirac	10b. F	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or fo	oraign country)	12. CITIZEN	OF WHAT COUNTRY
	ater Tender		Railroad	Phillipine.	Islands.		U.S.	Α.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Ant	onio Taguibo	los		Simplic	io Bagci	cn		
	VER IN U.S. ARMED FOR (Ifyes give war or dates of se		SOCIAL SECURITY NO. 17.	NFORMANT		Address		
Yes	WW I	1 -	17-11-2731 Cl	n.Rec.VAH, B	alto.Md.	Ft. Hows	rd Div	sion
	DEATH [Entar only one		line for (a), (b), and (c).]	in the second second		2 0 9 22 0 11 0	14 21	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: JIMMEDIATE CAUSE (a)	BRO	NCHO PNEUMONIA					RECENT
49	2006000		MONO AMBORDINA.		A DOUGHE			10000
Conditions, if an		CON	GESTIVE HEART I	FAILURE				RECENT
gava risa to imma	diata causa				EE (400-0)			
(a), stating tha causa last.	underlying (c)	ART	ERIOSCLEROTIC I	FART DISEAS	E			UNKNOWN
Z PART II. OTH	ER SIGNIFICANT CONDIT		NTRIBUTING TO DEATH BUT NO			ONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
MV OCA	DULTAL GCADDI	ייייי	MEDIDOCALEDOCA	AD MEDITA C	CT PD OFT			YES TO NO
20a. ACCIDENT V	WAS UNDERLYING []		NEPHROSCLEROSTS SCRIBE HOW INJURY OCCURED					THE MAN NO L
PART II. OTH MY OCA 20%. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	G CAUSE OF DEATH							
		1 2 Dd.	INJURY OCCURRED 2De. PLA	CE OF INJURY (Homa, far	m, 1 20f. (City o	or town)	(County)	(Stata)
Hour a.m.		While	eNot While fact	ory, streat, office bldg., at			(4444)	, control
F		at wo		0/21/	10/3	1201	/ •	1.1.
			ded the deceased from.		LO AM 10			that (I) (we) las
		11	1719.61, and that	death occured at	M, from	the causes	and on the	
228. SIGNATURE	1771		1	DI III III	MED.	STAFF		22b. DATE SIGNED
22c. PHYSICIAN'S	omas 3	Ja	May M	.D. PHYS	DIRECTOR	PHYS.		4/17/61
NAME Type		Crah	an, M.D.	VAH, Balto	. Md. Fo	rt Howa	rd Div	ision
23a. BURIAL, CREMA		OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tov	vn or county)	(Stata)
REMOVAL (Spacify	1 4-20-	-61	Baltimore Nat	ional Cemete	ew F	la I t i mor	Maw	rl and
24 FUNERAL DIRECTO	PR'S SIGNATURE		ADDRESS		C'D BY REGISTR	AR 25b. REC	SISTRAR'S SIG	NATURE
Elroy Wil	son Funeral	Home	. Baltimore. Ma		MAY 1 '6'	1 0	withing S. 9	Tracel
THE PARTY OF THE P	DAIL - MICTAT	TY OTHE	TOT ATMOLES LIS	TA TOTAL		1		

41 A 17 17 876ml | Tail . west to a to branch does ormitial Voterna Administration Hospital BEIA 11/22/96: entitle type to the same bortist manner rately a recently SHIP THOSE SEASON TO SHOULD BE THE THE STATE OF THE Portleggli serregers, and myselfors, and care-participation Water Wild House All Colors Sadden't president frederic Content Content Not be the Sircy Wilson Fineral Home, Boltimgro, Margania

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DIRECTOR

O HOSPITAL death. Page 4 1

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VR A15 (4)

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certificate physician a

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Mark Caller Will Charles To

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

o. STATE

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l j	立	13		6

1	D
2.2	X
d with	
dire	1

within 24 hours after death.

death certificate be executed

1. PLACE OF DEATH a. COUNTY MARYLAND Baltimore

c. LENGTH OF STAY IN 1b

Maryland c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)

Baltimore

Day

b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn Catonsville 28, vrs L mos Md. d. NAME OF HOSPITAL (If not in haspital, give street address)

d. STREET ADDRESS

Baltimore 27, Maryland

Manth

yrs.

b. COUNTY

OR INSTITUTION Spring Grove State Hospital

4078

5510 Carville Avenue

4. DATE

e. IS RESIDENCE ON A FARM? YES NO IN Yeor

DECEASED John (Type or print) S. SEX 6. COLOR OR RACE Male

George 7. MARRIED NEVER MARRIED DIVORCED |

Middle

Tello B. DATE OF BIRTH

Last

April DEATH 9. AGE (In years last birthday)

65

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

61 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Days

NAME OF

White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during mast, of warking life, even if retired)

WIDOWED |

Penna R. R.

Portugal

12. CITIZEN OF WHAT COUNTRY? Naturalized U.S.

> INTERVAL BETWEEN ONSET AND DEATH

13. FATHER'S NAME

George Tello

Unknown

Address

Months

WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes

17 INFORMANT

RECORDS: SPRING

14. MOTHER'S MAIDEN NAME

GROVE STATE HOSPITAL

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate

Bronchopneumonia

Cardiac failure due to arteriosclerotic cardiovascular disease.

DUE TO cause (a), stoting the underlying cause last.

(c)

(b)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.

PERFORMED? YES NO X

22b. DATE

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

o. m

p. m

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month Day,

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) foctory, street, office bldg., etc.)

(County) (State)

21. I certify that (I) (this haspital) attended the deceased fram March 27

at work at work

19 6 U ta

saw the deceased alive an April 20 1961, and that death accurred at 2p M, from the causes and an the date stated above. 22o. SIGNATURE

Stella Wachol

ATTENDING XX MED. M.D PHYS 22d. ADDRESS

STAFF PHYS. April 21

1961 Spring Grove State Hospital Catonsville 28, Maryland

22c. PHYSICIAN'S NAME (Type)

Stella Wachsler M.D.

23c. NAME OF CEMETERY OR CREMATORY

23d tOCATION (City, tawn, ar caunty)

25b. REGISTRAR'S SIGNATUR

FUNERAL DIRECTOR'S SIGNATURE

BURIAL CREMATION.

REMOVAL (Specify)

250 REC'D BY REGISTRAN

arthur & Thous

the funeral pe should by pup . 5 filled death pletely ofter papers. hours puo pou 2 uo COL 2 with physicie remove attending please ony the à permit. removol been signed attending physician. burial-transit 70 cremation, has certificate the SD use 0 detoched far haspit Health FUNERAL DIRECTOR: of pe Board 3 should ofe page the Sto 0

0 VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04079

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
o. COUNTY Baltimara	a. STATE M / b. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RUBAL and give nearest town) MARYLI c. LENGTH OF STAY	
Carney	Carrey
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addras	ass) d. STREET ADDRESS a. IS RESIDENCE
3020 East Ave.	3020 East Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Elizabeth M. Tewey	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
temale white WIDOWEDST DIVORCED	
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	M1 11CA
nousewse 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
C 1 1 1 1	C. A. 1 1 10
Yerhardt Leubehusen	Clizabeth Prenger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yas, no, or unknown) (Ifyasgivewarordatesofsarvice)	O. 17. INFORMANT O Address
	Mrs Jane Sipes same
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).	INTERVAL DELYVEEN
PART I. DEATH WAS CAUSED BY:	On offer for 1/ XISPARO ONSET AND DEATH
IMMEDIATE CAUSE (a) LICELLO COLO	aroja v , martin
DUE TO	
Conditions, if eny, which	
geve rise to immediate cause (e), stating the underlying DUE TO	
ceuse lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OOR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHIEFE, NOTIFY MEDICAL EXAMINER	PERFORMED?
20e, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY O	OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	CCORED. Lines needed of inferty in form to thomas and
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2 Hour e.m. While Not While at work at work at work	20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased	from Mey , 1960, to ar 8,, 1961, that (1) (we) la
44/10 10.61	nd that death occured at from the causes and on the date stated above
	22by DATE
220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS //
NAME (Type)	7101 Harrand Cd.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	METERY OR CREMATORY 23d. WOCATION (City, town or county) (State)
REMOVAL (Specify)	" 11 1 1 C D 11 . MI
purial 4-17-61 New Co	athedral (em. Baltimore, 111d.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Hartord Re	DATE DATE

TO HOSPITAL OR ATTENDY OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retain, by the hospital or attending physician.

You have a may be retain, by the hospital or attending physician.

You have a set of the place of the plac

REAL PROPERTY. 9220 Care the control of the control of the care there. Emarks project a strong a result of the strong and 2:102 -1 -0 1 रवस्ते अकर आप -11-1 / Levis Company of the company Leonard J. Pack 5305 Has jasa Ku.

TO HOSPITAL OR ATTENDED G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. G PHYSICIAN: The law requires that the death certificate be executed within 24 hours any the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04074

e. COUNTY		2. USUAL RESIDENC			ence before edmission)
Baltimore	MARYLAND	e. STATE Maryl		OUNTY Howa	nd Monto.
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits,	write RURAL end giv	re neerest town)
Catonsville	l6yrllmthlldy	Gaithars	burg. Mary 1	and	5 X ~
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	pare, rary	LOUAL	e. IS RESIDENCE
	OSPIT AL	Rout e #2			YES X NO
3. NAME OF First	Middle	Last		Month De	y Yeer
(Type or print)	m	h-	OF DEATH	Ammil 5	19 61
AIIIII	Elizabeth T	nompson Date of Birth		April	
Z. MAKI		1/	last birth		
	WED DIVORCED	April 23, IX	68' 73 70以,	rrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign cou	intry) 12. CITIZEN	OF WHAT COUNTRY
housewife		Marylan		U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Andrew King	The second second	Ka+ha	rine Thomas		
	6. SOCIAL SECURITY NO. 17. IN	JFORMANT		ddress	
(Yes, no, or unkown) (Ifyesgive werordatesofservice)	None				
no l		ords: SPRIN	G GROVE S		TAL
1B. CAUSE OF DEATH [Enter only one cause pe	r line for (e), (b), end (c).				NTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	afdiac failure				
DUE TO					
The same of the sa	Arteriosclerotic	cami ovasmi	lar disease		
geve rise to immediate ceuse		04141014104	101 020 0000		
(e), steting the underlying DUE TO					
ceuse last. (c)					
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDITION	N GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
TE CONTRACTOR OF THE CONTRACTO					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING 200. D OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Pe	ert I or Pert II of item 18	.)	
0		E OF INJURY (Home, ferm, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
Hour e.m.	rork et work				
	anded the deceased from	March li 1	9 67 to April	7 1967.	that (1) (wa) lac
21. I certify that (I) (this hospital) atte	7 40 67		10.	1	, IIIai (I) (WG) Ias
saw the deceased alive on April	(19Q.L., and that	death occured atp	.M, from the cal	ises and on the	
220. SIGNATURE Sulla 4	Jacksler M.C		ED. STAFF	□ 4-7	7-61 226. DATE SIGNED
22c. PHYSICIAN'S		22d. ADDRESS SP	RING GROVE	STATE F	HOSPITA L
NAME (Type) Stella Wac	hsler, M. D.				
	23c. NAME OF CEMETERY O		tons ville 2	ty, town or county)	(State)
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)					(01010)
Burial 4-10-61	Linthicum Cha			ksville, Md	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256	Chiller S. The	ATURE
F.C. Higinbothom, Ellicott	City, Md	DATEPR	1 0 '61	Commission 2.	

enrich /-1-41 com Man; Christile, c., et imbothe, littookk U.C., et F.C. E. Thouse, like of the care FOR STATE

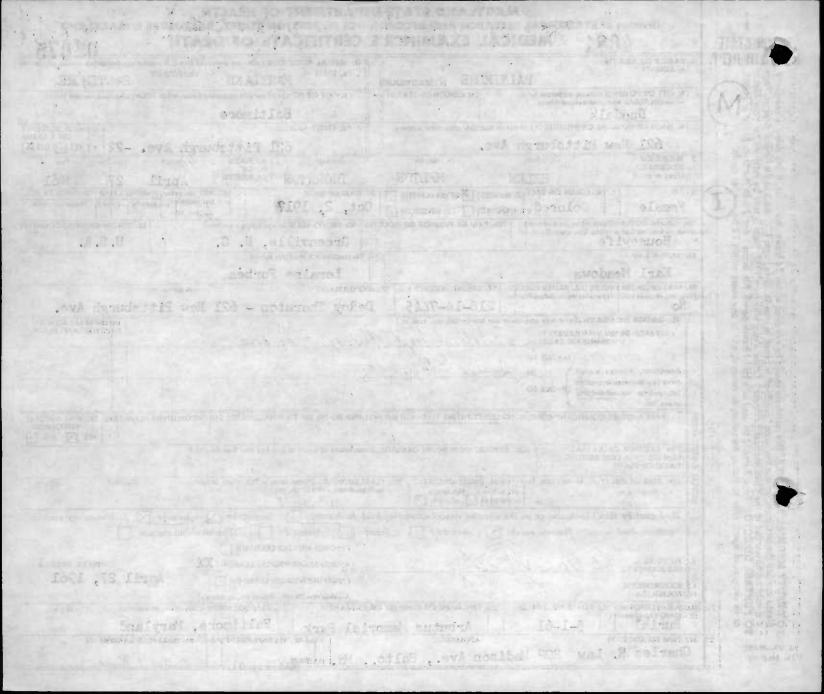
TO DEPUTY MEDICAL EXECUTES: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Phalith, or its designated agent, prior to burial, cramation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH LART 0/078

499	A A MA							20114
PLACE OF DEA COUNTY				2. USUAL RESIDE		d lived, If institut		
	BA	LTIMORE »	MARYLAND	MA	RYLAND	5. 200	BALTI	MORE
	(if oulside corporate limits,	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURA	L end give ne	eerest town)
	nd give neerest town)			N Pa	7 44 mana			
Dund					ltimore			
	PITAL OR INSTITUTION (IF		el address)	d. STREET ADDRESS				a. IS RESIDENCE ON A FARM?
621 No	ew Pittsburgh		1.4		1 Pittsbu			YES NO
DECEASED	rinsi	Mic	ddle	Last	4. DATE	Month	Day	Year
(Type or print)	HELE	n me	LTON	THORNTON	DEATH	April	27	1961
5. SEX	6. COLOR OR RACE 7	. MARRIED THEYER M	AARRIED 8.	DATE OF BIRTH	19. AG	E (In years IF UN		F UNDER 24 HRS.
Female	Colored		ORCED [oct, 2, 1917	last 4	3 yrs. Mont	hs Deys	Hours Min.
	ATION (Give kind of work	106. KIND OF BUSINE	ESS OR INDUSTR	11. BIRTHPLACE (Stet	e or foreign country)	12	. CITIZEN OF	WHAT COUNTRY?
Housewi	vorking life, even if retired)			Greenvill	e, N. C.		U.S. 1	1.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Earl Me	eadows			Loraine	Forbes			
	EVER IN U.S. ARMED FORCE		RITY NO. 17. I	NFORMANT		Address		
No No	(If yas give war or datas of ser	218-14-7	445 I	eRoy Thornt	on - 621	New Pitt:	sburgh	Ave.
1 18. CAUSE OF	DEATH [Enter only one co	suse per line for (e), (b),						RVAL BETWEEN
	TH WAS CAUSED BY	B1.1 1	11 1	11 VI	2.1.			ET AND DEATH
1.00	IMMEDIATE CAUSE (e)	1211 Heral	Heplast	what It	seites			
456	DUE TO	1 1 0	1					
Conditions, if e	ny, which \	Hardin St	DARE Y				100	
gave rise to Imme	diela cause	Wester SI)				
(e), stating the	underlying DUE TO						43 L 3	
cause last.) (c)_							
PART II. OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	ITION GIVEN IN	PART 1(e) 19.	WAS AUTOPSY
F							VE	PERFORMED?
20a. EXTERNAL	CAHSE WAS 1 20L	DESCRIBE HOW INTEL	DY OCCUPED /E	nter nature of Injury In Pa	et I or Port II of ita-	10 1	112	3 THE NO 19
PRIMARY OF CAUSE OF DEAT	ONTRIBUTING	. DESCRIBE NOW INCOM	KI OCCORED. (E	me neitre of injury in re	in i or rein ii or item	10./		
20c. TIME OF IN	JURY Month, Dey, Year	20d. INJURY OCCUP		CE OF INJURY (Home, fer		wn)	(County)	(Stete)
Hour a.m		While Not While		ry, street, office bldg., et	c.)			
₹ p.m	. 19	et work el work		Partial				
21. I certify	that I took charge of	the remains describ	ed above, hel	d an Autopsy	Inspection X	Inquiry X	and in	n my opinion
death resulted	from: Natural caus	ses Accident	I J. Suici	de . Homicide	Undeter	mined manner		2
	. /	1			_			
ACTUAL	1117.			CHIEF MEDICAL	EXAMINEK [
SIGNATURE	Willia V	build		_ M.D. ASSISTANT ME	DICAL EXAMINER			TE SIGNED
EXAMINER'S NAME (Type)	1	8			AL EXAMINER	•	il 27,	1961
220. BURIAL, CREMAT	ION. 22b. DATE THEREOF	22c NAME C	OF CEMETERY OR		city, town, or county			(5)
REMOVAL (Speci Burial					Baltimore			(State)
23. FUNERAL DIRECT		ADDRESS	us riemor	ial Park				
					C'D BY REGISTRAR	24b. REGISTRAR	CS SIGNATUR	t
Charles R	. Law 802 Ma	adison Ave.	. Balto.	Md. DATENY	4 104	Cathun 8	1 H -	
					0	- Circleur 1	LARRA	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7.000 CERTIFICATE OF BEATU

0100

	2000	CERTIFICA	ALE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND B. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write b. CITY OR TOWN (If evilide coppored limits, write copy of the				
b. CI	RAL and give negrest town)	10		its, write RURAL and give nearest town)
d. N	AME OF HOSPITAL (If not in hospital, give stree	t address)	d. STREET ADDRESS	ON A FARM?
DECE	ASED 7	ALV/N	1 Lost 4. DATE OF	Month Day Year
	Male White widow	VED DIVORCED	April 7, 1874 87	birthday) Months Doys Hours Min.
10a. USI dur				12. CITIZEN OF WHAT COUNTRY
13. FATH	ER'S NAME		14. MOTHER'S MAIDEN NAME	
	Nicholas Uhler		Annie Spurri	ier
(Yas, no.	or unknown) [If yes, give wor or dates of service]		YFORMANT	Address
go cor lyi	onditions, if ony, which the rise to immediate use (a), stating the undergraph (c). PART II. OTHER SIGNIFICANT CONDITIONS			PERFORMED? YES NO
	TIME OF INJURY Month, Day, Year 20d. Hour o. ft.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town	
21. ali ACT SIGI PHY NAJ	i certify that I attended the deceare an APRIL 47, 19 UAL NATURE MARVIN GO SICIAN'S MARVIN GO HELD CEMATION 12th DATE THEREDE	sed fram. FAL. sed fram. FAL. cl, and that death clastein 1-23 TEIN	accurred at FICHEM, from the control of the control	causes and on the date stated above yor town, state) DATE SIGNE FIGHTS AVE 4/27/ MD
B	OVAL (Specify) UT1a1 May 1, 196	1 Loudon Parl ADDRESS	Cemetery Baltin	ity, town, or county) (Stote) OPP Many land 245. REGISTRAR'S SIGNATURE
1	500	557 Northren		240. REGISTRAR S SIGNATURE

Baltimore 12, Md.

may be retained by the hospite attending physician.

TO FUNERAL DIRECTOR: After that certificate has been signed by the attending physician and completely filled in by the funeral dires page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHI VS A15 (4) 15M 9/55

SICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Pag

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		L. Unetfile.	onot snot		
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		And the last to the same	Regulation	3 May 1 - Try &	2 400
				F1 10.11-4	

TO HOSPITAL OR ATTENDED IN PAYSICIAN: The law requires that the death certificate be executed within 24 hours at death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funching director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 after be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4083 CERTIFICATI	E OF DEATH		04077
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDEN	CE (Where deceased lived, If in	nstitution: Residence bafore admission)
Baltimore MARYLAND	Maryland	5, 60011	·
b. CITY OR TOWN (if outside corporate limits,) c. LENGTH OF STAY IN 1b		If outside corporata limits, write	RURAL and give neerest town)
write RUPL and give neerest town (28)	Dalai		2101-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	205 W M. A	A / e. IS RESIDENCE
Caton Ridge Nursing Home, 329 Harlem La		tax	ON A FARM?
3. NAME OF First Middle DECEASED	Lest	4. DATE Month	Dey Yeer
(Type or print) Nellie Wagner		OF DEATH April	9, 1961 19
	. DATE OF BIRTH	9. AGE (In years	
T1 ***	5/31/1886	last birthday)	Months Days Hours Min.
The state of the s	.,	74rs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Coun	ty & Stata, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Practical nurse	Baltimor	e, Md.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
William H. Clark	Mary Shell	Ldon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		Addrass	
(Yes, no, or unkown) (Ifyesgive wer or detes of sarvice) no 216-18=3993		73-1 1000 N-2	
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	rus. Eiste r	cirby, 4000 Mai	ne Av., Balto.7, Mo
PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
IMMEDIATE CAUSE (0)			5 De 2
50 DUE TO	vie Gaze	^	
Conditions, if eny, which (b) arter soler	die France	m Ri L	4 / Days
gave rise to immediate ceusa	· -c congr	193	8
(a), stating the underlying DUE TO			
cause lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OI RELATED TO THE TERMIT	NAL DISEASE CONDITION GIVE	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20s. ACCIDENT WAS UNDERLYING 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 20f. FITHER. NOTIFY MEDICAL EXAMINER			YES NO
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of itam 1B.)	
OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fern	1, 20f. (City or town)	(County) (Stete)
Hour a.m. While Not While fact	ory, street, office bldg., etc		
p.m. 19 at work at work		1	
21. I certify that (I) (this hospital) attended the deceased from	12/13	19.69 to 4/9	, 19.6.1, that (I) (we) las
saw the deceased alive on	- CA	7 72	
22a. SIGNATARE		7.	22b. DATE
Cittle Co.	DUIVE TO P	MED. STAFF	SI SIGNE
22c. PHYSICIAN'S	.D. PHIS. L	ARECTOR ATTS.	7/11/61
NAME (Type)	111 R	5 Ed hords	- and Bolle 2
CLITI MILIFIE, S'	760		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Spacify)	OR CREMATORY	23d. LOCATION (City, tow	n or county) (Stata)
Burial 4/12/61 Moreland	Memorial	Baltimore	County
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		D BY REGISTRAR 256. REG	
Wm. Cook, Inc., 1217 St. Paul St 1Balto		IDD 1 2 161	11 - 0 -

Circling S. Thous

Wm. Cook, Inc., 1217 St. Paul St., 1Balto. 2, Md. DATE

VR A15 (4) 15M 9/60

15000 The sale with the first the same and the same and the 6 grand tree THE SERVICE OF THE SE PORCH PRODUCT AND LANGUAGE PRODUCT OF THE PRODUCT O ing Cooker house the fair St., and to C. and an

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH County 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 8100 Old Phila. Rd. Rosedar d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 8100 Old Phila. Road ON A FARM? 8100 Old Phila. Road YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED carrie Walter April (Type or print) DEATH 195] 5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. emale White Months 4-2-1890 Hours Min. DIVORCED [WIDOWED [yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto. Co. Md. USA Machine Operator Can Company 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob Walter Elizabeth Haertlein 72 hours o IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address John 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day. Year (County) (Stote) Hour o. ft. foctory, street, office bldg., etc.) While Not while of work of work p. m. ٥ 21. I certify that it attended the deceased from _____, 19/4/, that I last saw the deceased and that death accurred at / / alive on M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) Md. rla Tion Luther

ADDRESS

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

VS A15 (4 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

STUDY SEE SEE STUDY				1871	
		DECEMBER	1		
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Baltimore, Maryland

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YES NO A

1961

IF UNDER 24 HRS.

ONSET AND DEATH

Unknown

Unknown

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arthur S. Thous

PERFORMED? YES KOK NO 1

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VR A15 (4) 15M 9/60

Randolph J. Collick

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04080

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4000									
1. PLACE OF DEATH a. COUNTY Balt	imore	MARYLAND	2. USUAL R a. STATE	esidence (wh Maryla		ed lived. If institution b. COUNTY	on: Residence l Balti		ission)
b. CITY OR TOWN (If outsing RURAL and give nearest	tawn)	c. LENGTH OF STAY IN 16	10.00			porote limits, write R			vn)
d. NAME OF HOSPITAL (IF		3yrs 10 mos +	100	timore	20,	Ma. (Ca)	tonsvil		ESIDENCE
OR INSTITUTION				T ADDRESS		Arronna		ON	A FARM?
Spring Grov	e State Hosp:	ital	31	Blooms	oury .	Avenue		YES	_ NO [
3. NAME OF DECEASED (Type or print)	Daisy	Middle S •	W	lays	4. DATE OF DEATE	Mon H Apri		Day 20	Year 1961
S. SEX 6. C	OLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF B			9. AGE (In years lost birthdoy)	IF UNDER 1 Y		
Female W	hite WIDOWE	DIVORCED	3/16/	80		81 yrs.	Months Da	ys Hour	s Min.
10o. USUAL OCCUPATION (Ginduring most of working lift None	ve kind of work done 10b. e, even if retired) OUSE WITE	kind of business or indu Own Home	JSTRY 11. BIRT	Maryle		country)		S. A.	
13. FATHER'S NAME			14. MOTHE	R'S MAIDEN N	IAME				
Deceased	Henry Umbac	ch	De	eceased	Ca	atherine	Spealma	nn	
15. WAS DECEASED EVER IN U	J. S. ARMED FORCES? 16.		NFORMANT		5-1	Add	ress	11.0	
(Yes, no, or unknown) (If yes,	give war or dates of service)	None	ecords:	SPRING	G GRO	VE STATE	HOSPITA	L	
	Enter only one cause per lir							INTERVAL	BETWEEN
PART I. DEATH W.		Arteriosclerot	ic cond	יחשר פחזי	lar o	disease		ONSET AN	D DEATH
II 20 I IMMI	EDIATE CAUSE (U)	I OEL TOPCTELO	ic cara	LOVADOL	rrar (arneane			
922.1	DUE TO	Arterioscleros	is gen	eralize	d. s	evere			
Conditions, if ony, w	(b)	11 001100010100	10, BOIL	GIGILLO	, 4, 5	0.010	-		
cause (a), stating the <u>ur</u> lying couse last.									
PART II. OTHER SIG	17	CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART 1	o) 19. WAS	SAUTOPS
ATI								YES [FORMED?
PART II. OTHER SIGNAL 200. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTI	AUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter natur	re of injury in I	Port I or Po	ort II of item 18.)			
20c. TIME OF INJURY Mo Hour a.m. p. m.	onth, Day, Year 20d. It While of war	Nat while fo	LACE OF INJUR actory, street, of			ty or town)	(Cou	nty)	(Stot
		led the deceosed from.	April	20 7719	61 . to	April 2	0 , 19 6	that (I)	(we) la
saw the deceased o	olive on April	2019 OI , and that	death accur	red at _D_	M, from	n the causes or	d an the d		
22a. SIGNATURE	Stelle Wi	achtler	M.D. ATTENE		ED. RECTOR	STAFF PHYS.	April	21,	226. DATE SIGNE 1961
22c. PHYSICIAN'S NAME (Type)	Stella Wach	sler	22d. AD	DRESS Sp. Ca	ring tonsv	Grove Sta ille 28,	te Hos Md.		
23a. BURIAL, CREMATION, 23	3b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATOR	Y	23d. LOC	ATION (City, town,	or county)	(St	tate)
REMOVAL (Specify) Burial	4/24/1961	Mtountain V	Tiew Cen	netery		Howard C	o., Md.		
24. FUNERAL DIRECTOR'S SIG		ADDRESS		2So. REC'	D BY REGI	STRAR 2Sb. REGI	STRAR'S SIGN	ATURE	

may be revolved by the haspit. At ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

requires that the death certificate be executed within 24 hours after death. Pag

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TO HOSPITAL OR ATTENDING VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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may be revained by the haspit. Intending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shithe State Board of Health prior to burial, cremotion, ar remaval, and in any event, within 72 haurs after death.

SICIAN: The low requires that the death certificate be executed within 24 hours after death. Pag

TO HOSPITAL OR ATTENDING VR A15 (4) 1SM 9/S9

-	PLACE OF DEATH COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Mt. Wilson, Maryland 4 M0 19dayS	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS 121 WIllow Ave 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) MOSELEY HOPKIN	
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 70 yrs. IF UNDER 1 YEAR F UNDER 24 HRS
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LERK	LOUISINA U.S.A.
	MOSELEY H. WEDD.	CILENIE VAUGHAN
"	IVes an as unknown) the man also were added at senting the	spital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ANCED PULMONARY INTERVAL BETWEEN ONSET AND DEATH
	OO2X DUE TO TUBERCUL	
	gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \subseteq \)
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
1		ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) (City ar tawn) (Caunty) (State
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 1-19, and that	$11-30$ 1901, ta $4-19-$, 1961, that (I) (we) last death accurred at $7^{30}AM$, from the causes and an the date stated above
	220. SIGNATURE	M.D. PHYS. MED. STAFF 4/19/6)
1	2K. Mysfcian's NAME (Type) Wm. New comer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Mc
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL PROPERTY OF CEMETERY CONTROL PR	lley Memorial Cockeysyille Md.
ř	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Brooks Funeral Service Towson 4,	Ma. DATE APR 24 '61 arthur & Krous

the manufacture of a devoted the constitute of the Late of the constitute of the con Strong of a sold of State the first control of the control of durant paralle distribution of the second content the second seco Proose Tuneral Mervice Carson 4, 14, 14, 15 TO DEPUTY MEDICAL EXILEMENT. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eventuality in 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINED'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								11-11	16
1. PLACE OF DEATH a. COUNTY Baltim			MARYLAND	e. STATE Mary.		eceased lived, If in b. COUNT		idence before	edmission)
The second secon	f outside corporete limits,	-	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		orate limits write	PLIPAL and o	ive nearest to	wn)
write RURAL end	give neerest town)					oroto timas, wino	NORFIC GIIG 9	11	****
Fort H			2 days		imore			SVO	1-
d. NAME OF HOSPII	TAL OR INSTITUTION (if no	t in hospit	tel, give street eddress)	d. STREET ADDRESS					RESIDENCE A FARM?
	s Administrat	tion	Hospital	2800	Roslyn	Avenue		YES [NO 3
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Day Ye	er
(Type or print)	ROGER			WEBB	DEATH	April	6	19	1
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	19	. AGE (In years	F UNDER 1 YE	AR IF UNDE	R 24 HRS.
Male	4.0	IDOWED		12/5/15		45 yrs.	Months De	ys Hours	Min.
10a. USUAL OCCUPATI	1210020		D OF BUSINESS OR INDUSTR		or foreign co		1 12. CITIZE	N OF WHAT	COUNTRY
	rking life, even if retired)								COUNTRI
Laborer		Cor	struction	Harrisburg		syrvania	0.	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Henry Web				Mildred	Johnso	n			
	ER IN U.S. ARMED FORCES		OCIAL SECURITY NO. 17. I	NFORMANT		Address			
Yes	WW II		3-12-1813 Clin	Rec. VAH. B	alto. N	d. Ft. H	oward	Div.	
	EATH [Enter only one caus						1	INTERVAL B	ETWEEN
	WAS CAUSED BY	TRAC	CTURED CERVICA	I SPINE				ONSET AND	DEATH
ana.	IMMEDIATE CAUSE (a)	LIMI	PLOTON CHILATON	THE SECTION					
17/8	DUE TO								
Conditions, if any gave rise to immedi	(1)	PROJ	BABLE FRACTURI	C. OF EKULL					
(a), steting the un	DITE TO								
cause last.) (c)								
PART II. OTHER	SIGNIFICANT CONDITION	IS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1		AUTOPSY ORMED?
PAR	ANOIA PSYCHO	SIS						YES T	NO T
	20s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING								
	CAUSE OF DEATH. Jumped from third story window VAH, Balto. Md. Ft. Howard Division								
20c. TIME OF INJU	200 TIME OF INITIDY Month Day Year 120d INITIDY OCCUPATED 1200 PLACE OF INITIDY (Home form 120) (Chu or form) (County)								
1:05	1:05 p.m. 4/6/ 1961 While of work value of w								
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X , Inquiry X, and in my opinion								
						determined ma		III III J	- pinion
death resulted t	rom: Natural cause	's'	Accident, Suic	(22)	_	deletimiled ma	mer _		
ACTUAL	ma		i has	CHIEF MEDICAL	_				
SIGNATURE	11100	av	5 11/	M.D. ASSISTANT MED	4	F	4/6/6	DATE SI	GNED
EXAMINER'S NAME (Type)	ELVIN B. DAV	IS, I	M.D.	DEPUTY MEDICA Address (Street,			4/0/0)T	
	N. 22b. DATE THEREOF	. 2:	2c. NAME OF CEMETERY OF			NON (City, lown,	or country)	(Sta	ete)
REMOVAL (Specify) Removal	4-9-19	6/ 1	incoln Cemete			ton, Pen			
23. FUNERAL DIRECTO	R	1	ADDRESS 1808 1	N. Monroe 2 Street	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	ATURE	
			Home, Balto				ws S. Kr		
Arlington	S. Phillips F	unera	I Home, but to	TO THE DAIR	1 1 4 01	- Coun	-1 2. 100		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04083

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)
	o. COUNTY Baltimore MARYLAND	a. STATE Mary land b. COUNTY Bal	timore
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL and	give neerest town)
1	Luthervi 11e	Lutherville	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	1717 Kurtz Ave.	1717 Kurtz Ave.	YES NO
	3. NAME OF First Middle DECEASED	Lest 4. DATE Month OF A	Dey Yeer
	(Type or print) da Watts Weist	brod DEATH ADYII	196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers If UNDER 1 1 lest birthdey) Months De	
	Female White WIDOWED DIVORCED S	Sept. 19, 1882 78 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	Housewife own home	Vivainia	SA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Lucien Watts	Jennie Burnley	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IT (Yes, no, or unknown) (Ifyesgivewerordatesofservice)	NFORMANT	
	NO - F9.	mily kecerds	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: MYOCARDIAL I	NFARCTION	I MIN.
4	LIDA I DIETO		
1	Conditions, if eny, which > (b) ARTERIOSCLEROTO	CARDIGUASCULAR DISEASE	5 YRS.
1	geve rise to immediate cause		
	(a), stering the undarrying		
1		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
1	OF The state of th		PERFORMED?
1	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)	YES NO P
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in real to them to .)	
1		CE OF INJURY (Home, ferm, 20f. (City or town) (Count	y) (Stete)
4	Hour a.m. While Not While at work 19 et work	rry, street, office bldg., etc.)	
1	21. I certify that (I) (this hospital) attended the deceased from	AFRIL 1957 10 APRIL 1 196	(, that (1) (**) last
1		death occured at	
- 1	saw the deceased alive on MARC++ 1961, and that	death occured arm	22b. DATE
1	Palelle and New Born	ATTENDING MED. STAFF	4.3./ SIGNED
1	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHY	7-5-61
	NAME (Type) WILLIAM A. PILLS BURY	2060 YORK RD TIMENIUM 1	Md.
		DR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	BURIAL Abl. 3, 1961 Prospect Hil	I Cem. Towson, Md.	
9	14 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
	from Burns sons, Towson, Mid.	DATE APR 1 0 '61 whing 8.	Kraus
-	1		

TO HOSPITAL OR ATTENDED G PHYSICIAN: The law requires that the death certificate be executed within 24 hours as death. Page 4 may be retain. By the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerate director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

THE KINT HE SHE THE AREA THE thoing watter the same Burnely 是可是他是是一种的问题。 VIII (中央) First Al 3 1961 Prespect Hill Com Tensors Mar Joint Brims Anny Torson, Will a secure a wat an a second TO HOSPITAL OR ATTENY OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MADVIAND STATE DEPARTMENT OF HEALTH

	WIND SIMIE DELWINELLI OF IN	
DIVISION OF STATISTICAL RESEARCH	CH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
6030	CH AND RECORDS, 301 W. PRESTON ST CERTIFICATE OF DEATH	04084

1. PLACE OF DEAT	Н			ICE (Where deceesed lived, If Institution	n: Residence before edmission
0. 000////	Baltimore	MARYLAND	e. STATE Ma	ryland b. COUNTY A	nne Arundel
	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate limits, write RURAL	end give neerest town)
Fort H		18 Days	Glen	Burnie	17X-1
	ITAL OR INSTITUTION (if not I	n hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
O Vetera	ns Administrat	ion Hospital	22 New	Jersey Avenue	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	WALTER	D. WEN	ERSKI	DEATH APRIL	7 19 61
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers IF UNDE	
Male	777 44	OWED DIVORCED	5/4/96	lest birthdey) Months	Deys Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work 10	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	orking life, even if retired)	ethlehem Steel C	o. Baltimor	e. Maryland	U.S.A.
Rigger 13. FATHER'S NAME		contrement preer	14. MOTHER'S MAIDEN	J MIA AAE	
14	ichael Wenersk	i	Theodor	a KOL	ANKIEWIC.
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address	
Yes, no, or unkown)	(If yes give we ror dates of service) Will I	מזל מל מצוח מזה	n Dee Wall De	Ito Wd Foot Union	a Danatas an
	DEATH [Enter only one cause	215-05-7360 Cli	.n.nec.van, ba	lto.Md. Fort Howard	INTERVAL BETWEEN
	TH WAS CAUSED BY:	MYOCARDIAL INFAR	COTON		ONSET AND DEATH
Line	IMMEDIATE CAUSE (e)	MI OCARDIAL INFAI	TOTTOM		5-6 Hours
2,0	DUE TO	AD MEDITOGAT DOOMTA	I HELDE DIGEL		TINTENIOS PAT
Conditions, if en		ARTERIOS CLEROTIC	HEART DISEA	SE	UNKNOWN
(e), stating the	underlying DUE TO				
ceuse lest.) (c)	CONTRIBUTING TO DEATH BUT A	OT BELLTED TO THE TERM	INAL DISEASE CONDITION CIVEN IN B	ADT 1/-1/ 10 WAS ALITORSY
PARI II. OTH		CONTRIBUTING TO DEATH BUT N	OI KELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
S PA	RAPLEGIA				YES NO K
OR CONTRIBUTING	VAS UNDERLYING [] 2Db. G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	n Pert I or Pert II of item 18.)	
20c. TIME OF IN		t.	ACE OF INJURY (Home, fer ctory, street, office bldg., et		County) (Stete)
Hour e.m.		While Not While twork twork	ciory, silver, office blug., er	.,	
		ttended the deceased from	March 20	1967 to April 7	1961 that (1) (we) last
saw the dece	sed alive onApri	1719.61., and the	t death occured at	25PM the causes and or	n the date stated above.
220. SIGNATURE	wence D	marcus	ATTENDING PHYS.	MED. STAFF PHYS.	14/8/61
22c. PHYSICIAN' NAME (Typ			VAH, Balto	. Md. Fort Howard	Division
23e. SURIAL, CREMA REMOVAL (Specifical)	TION, 23b. DATE THEREOF	23c, NAME OF CEMETERY Moreland Memo	OR CREMATORY	23d. LOCATION (City, town or conv. Glen Burnie, Mar	unty) (Stete)
24 FUNERAL DIRECTO	er's signature Funeral Home	4200 ADDRESS Pens	rington 250, RE	C'D BY REGISTRAR 256. REGISTRAR	

* aterus na su the second of the second of the second of the second of arche to the selection . It is a first of the selection o SE STREET STREET, STREET model the benga two buts . od a . day

may be retained by the haspitor, "attending physician. O FUNERAL DIRECTOR: After this aerificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs offer death. may be retained by the haspital

VS A15 (4) 15M 10/57

SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4091 CERTIFICATE OF DEATH

Reg. Dist. No.

0408;		()	4	0	8	0 - 0
-------	--	----	---	---	---	-------

1.	a. COUNTY Balt	imore	MARYLA	ATS O	TE	here deceased live	d. If institution b. COUNTY	: Residence b	efore adm	ission)
	b. CITY OR TOWN (IF	outside corporate limits, wi	rite c. LENGTH OF STAY IN	1b c. CIT		outside carporote l	imits, write RUI	RAL ond give	negrest to	own)
L	Catonsvi	llle	1 Yr.		Fishki			6	0)	X-3
	d. NAME OF HOSPITA	L (If not in hospital, give st	treet address)	d. STF	EET ADDRESS				e. IS R	RESIDENCE LA FARM?
R	didgeway M	lanor for A	ged & Conva	1.		Main S	St.			NO T
3.	NAME OF DECEASED	First	escenta		Last	4. DATE OF	Month		Day	Yeor
-	(Type ar print)	Theophilu		Wells		DEATH	Apri		18.	19 61.
		Wile a .	MARRIED NEVER MARRIED			9. A	st birthdoy)	Months Dox	-	
-	Male		DOWED DIVORCED	7 0 0400	17,187	7 8	33 yrs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 11001	13 Milli,
10	during most of working Clergyman	ng life, even if refired)	10b. KIND OF BUSINESS OR Methodist Co		St. Jo	diand	1)	12. CITIZEN	U.S	AT COUNTRY?
13	. FATHER'S NAME				HER'S MAIDEN			1	0.0	• E.
1	Nathan	iel Wells			Unknow	n				
		IN U. S. ARMED FORCES?		17. INFORMANT			Addres	55		
1"		yes, give war or dates of service)	no	Albert	E. We	lls 828	Rrage	side .	ATTA	(29)
F	Is CAUSE OF DEAT	H [Foter only one cause t	per line for (o), (b), and (c).]		256 110	220 000	DIAG			BETWEEN
	PART 1. DEAT	H WAS CAUSED BY:	1	notical	incul	Cin in and		Ö	NSET AN	ND DEATH
	400	IMMEDIATE CAUSE (o)	icure viyoca	14141	11004	ivient	Y		1 Ca	wy
	0	DUE TO	of a usulan	4	1 1	1 1	1.			7
	Conditions, if on	mediate	nterio sclera	110 6	raiov	asuso	in alls	ease		/
	couse (o), stoting th									
7	lying couse last.) (c)								
ē	PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERM	INAL DISEASE COI	NDITION GIVEN	N IN PART 1(o	19. WA	S AUTOPSY FORMED?
₹									YES [
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter no	ture of injury in	Port I or Port II of	item 18.)			
3	20c. TIME OF INJURY	Month, Day, Year 20	Dd. INJURY OCCURRED 20	e. PLACE OF INJ	URY (Home, farm	, 20f. (City or to	own)	(Coun	(v)	(Stote)
MEDICAL	Hour a.m.		/hile Not while	foctory, street,	office bldg., etc	-)				
1			eased from CANIL	12/ 19	ED, to A	Pol 10	10/0/	that I last	saw th	e deceased
1	alive on CIAM	1110	19.42, ond that d		201					
	dive ongerisi		, ond mar a	eom occorre		2_M, from the ADDRESS (Street,				DATE SIGNED
	ACTUAL SIGNATURE	mu/17.	Jujap	M.D	116 8	almon	Bon	Are	Ar	119 146
L	PHYSICIAN'S NAME (Type)	raorga 1.	7. Knipp	1111)		Balto	7. 2	9 NA	1	
22	o. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREOF	222. NAME OF CEMETE	RY OR CREMATO	RY	22d. LOCATION				tote)
L	Removal	4-19-1961	Pine Gro	veev		Masser	la,	Ne	W YC	ork
23	FUNERAL DIRECTOR'S	SIGNATURE	3207W. North	of alex.	24a. REC'	D BY REGISTRAR		RAR'S SIGNA		
X	J. Howwa	Lucary	370 100.1014	1	DATE	21 '61	Cinth	un S. The	LUCA	
		11			- 74					

MANUARIND STATE DEPARTMENT OF HEALTH - SACHMORE.

CERTIFICATE OF BEATH

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	a Property				all to	
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			MARKET CONTRACTOR			
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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	040

Jī	PLACE OF DEATH				[] 2	. USUAL RESIDEN	CE (Where o	deceased lived, If	Institution: Res	idence before	admission)
II)	e. COUNTY					e. STATE		b. COUN			
11-	Bal timory	outside corporete limi	4= 1	c. LENGTH OF STAY IN		Maryland	f outside cor		timore	rive neerest to	own
X	write RURAL and	give naarest town)	13,	C. LENGTH OF STAT IN	10	c, ciri ok iomit (i	0013100 001	porete minis, with	KOKAL OHO S	1140 11001431 11	· · · · · · ·
	Butler					Butler					
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hosp	itel, give street addrass)		d. STREET ADDRESS				e. fS	RESIDENCE
	Waterfoo	t Farm				Waterfoot	Farm	1			NO [
3	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Dey Y	ner
	(Typa or print)	Mar			less	el	DEAT	April 25	, 1961	1	
5	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH		AGE (In yeers last birthdey)	IF UNDER 1 YE		ER 24 HRS.
1	Female	White	WIDOWED		Ju.	Ly 19, 1902		58 yrs.	Months Da	ys Hours	Min.
1	Oa. USUAL OCCUPATI	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Coun	ty & Stete, o	r foreign country)	12. CITIZI	EN OF WHAT	COUNTRY?
	Homemaker	king me, even il letile				Baltimore,	Marvl	and	U. S	. A.	
1	3. FATHER'S NAME				14	. MOTHER'S MAIDEN					
	William	E. George				Lillie G	2				
	5. WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INF		·	Address			
1 (Yas, no, or unkown) (If	yes giva wer or dates of s			r 7		7 Y	7-40 . 1	TO	70 17	36.3
=	NO LIB CAUSE OF D	EATH lenter only one			r.	Louis C. We	ssel-	vaterioot	rarm,	Butle	P MO
	DADT I DEATH WAS CALISED BY.									ONSET AN	DEATH
L	1 hour									ur	
	354X DUE TO										
	Conditions, if eny, which \ (b) Cerebral Arterio Sclerosis									3 ye	ars
gave rise to Immadieta cause											
	(a), stating the underlying course last.										
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY										
3	PART III. OTTICK	PERFORMED?									
1	Old Cerebral Thrombosis (6 weeks dusation)										
CEDTICICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTION CAUSE OF DEATH THE ENTIRE MODIFY HEALTH OR CONTRIBUTION CAUSE OF DEATH THE ENTIRE MODIFY HEALTH OR CONTRIBUTION CAUSE OF DEATH OR CONTRIBUTION OR CON										
1		(IF EITHER, NOTIFY MEDICAL EXAMINER)									
AVENICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stata) Hour a.m. WhileNot While										
AAE	p.m. 19 at work at work										
	21. I certify th	21. I certify that (I) (this hospital) attended the deceased from									
		saw the deceased alive on									
1	72a SIGNATURE 22b. D								2b. DATE		
	mc Captioness			M.D.	ATTENDING DIRECTOR PHYS. SIGNED						
	22c. PHYSICIAN'S	22c PHYSICIAN'S				22d. ADDRESS					
	NAME (Type)	M.C.Porter	field			Ha	mpste	ad, Md.			
2	3e. BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LO	CATION (City, to	wn or county)		(Stete)
	REMOVAL (Specify) Burial	11-28-61		Loudon Park	Cer	metery	F	Baltimore	Mamr	land	
12	4 FUNERAL DIRECTOR			ADDRESS	_00		C'D BY REGI	STRAR 25b. RE	GISTRAR'S SIG	GNATURE	
1	2 01	1		hotter.	19	ne/		9 11			
1	Mmy Suc	uner so	ns 1	Jalumore	11	DATEAP	R 2 6 '6	ا ا	ihun 8 1	trans	

TO HOSPITAL OR ATTENDED BY PHYSICIAN: The law requires that the death certificate be executed within 24 hours always death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

HIARD TO MACHURATE THE RESERVE 1 ma-2000011800 Commission of the Commission o Ba & Carle Calmin A Section of American Company the solution of the second sec and the same decision - many thank of the control than th (and when the state of the contract of the con * The state of Baralemono I. Marie and a London David Company Company David Lagran The following the second of th 7004

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

2093	QLKIII QAII	OI DIAIII		112110
1. PLACE OF DEATH a. COUNTY				titution: Residence before edmission
BALTIMORE	MARYLAND	e. STATE MD.	b. COUNTY	ALTO.
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporete limits, write RI	URAL end give neerest town)
write RURAL and give nearest town) BAL	13 yrs,	XROUTE 13	BALTOIL	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		. IS RESIDENCE
		145 POPLA	RRD.	YES NO
3. NAME OF First DECEASED	Middle	Lest 4. D	ATE Month	Dey Yeer
(Type or print)	MAE	WEST D	EATH 4	- 18- 1961
	RIED NEVER MARRIED 8	. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDO	WED DIVORCED	3-4-1887	7 74 yrs.	Months Deys Hours Min.
done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & St	ete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
ATHOME		14. MOTHER'S MAIDEN NAME	G	
STEPHEN HARTER (QUEEN	LOUISIA	ROBEI	275
		NFORMANT	Address	
(Yes, no, or unkown) (Ifyes give wer or detes of service)	J.	AMES WES	T (HUSDAN	O) HBOVE
18. CAUSE OF DEATH [Enter only one ceuse p	er line for (e), (b), end (c).]	1 0	1.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	revio-vas	cular a	aucen	1 Judder
422.1 DUE TO	- A .	1 1 1.	11. 11	
Conditions, if eny, which \ (b)	renosu	erotic Cu	ulic Vas	lula
geve rise to Immediate cause (e), stating the underlying DUE TO			~ '	e joyes
couse lest. (c)			assens	e /orgo
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY
Figure 1 and 1				PERFORMED?
20e. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I o	r Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
	od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 20	f. (City or town)	(County) (State)
	THE THE PARTY OF T	ory, street, office bldg., etc.)		
	work et work	Allen I will	aniti	Class Line (D. C. N.
21. I certify that (I) (this hospital) at		40 .1	, to agray	that (I) (we) la اسکا 19.
saw the deceased alive on USUU	19.6: f, and that	death occured and 4.5.M,	from the causes an	nd on the date stated abov
220. SIGNATURE	A	ATTENDING MED.	STAFF	22b. DATE SIGNE
- IIII mim	your M	.D. PHYS. DIRECTO	OR PHYS.	7/19/61
22c. PHYSKIAN'S NAME (Type)		22d. ABDRESS	6 m	1
		melo	0 114	1
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, town	or county) (Stete)

TO HOSPITAL OR ATTENI death. Page 4 may be retain TO FUNERAL DIRECTOR: director, page, VR A15 (4) 15M 9/60

The law requires that the death certificate be executed within 24 hours a

completely filled in by the

has been signed by the attending physician and

PHYSICIAN: the hospital or a

certificate as

rbon papers. Pages 1 within 72 hours after

event,

and

Then please remove any .=

burial-transit permit. attending physician.

CEMETERY

SPENCER,

25e. REC'D BY REGISTRAR APR 2 0 '61

256. REGISTRAR'S SIGNATURE arthur S. Krous

- CORVE EUROPEA THE M LANCE TO PERSON AND THE STATE OF THE STATE OF THE STATE OF TO A WASSES THE TOWN TOWN THE WASTER WASTER FRANCE CONTRACTOR TO THE STATE OF THE STATE ALTERNATION TO SEE THE STATE OF DETERMINENT MORENT LOUISE MORENTE JEMES WEST (HUSERAD) - HICKE the man of the colon STATE OF THE STATE FOR END FIND THEFT Y MOTERS (SHOTENS) SHOPE 12-41-4 - LANGEST John & Committy Company with a sea out of the contract of the

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		40	94 -	A	CEKII	FICAI	E OF DE	AIH	dle			114	08	8
1.	PLACE OF DEAT	тн		↓ ♥ ⊞ □	0-0 7 11	III U	2. USUAL RESID	ENCE (W	here deceased	lived. If instituti	an: Reside	nce befor	e admissi	ion)
	. COUNTY	Balt	imore		MAI	RYLAND	Ma.	ryla	nd	b. COUNTY	Balt	imor	е	
	RURAL and g	ive neare		its, write	c. LENGTH OF STA	Y IN 1b	X		outside corpore	ate limits, write R	URAL and	give nea	irest town)
			(If not in hospital,	aive stree	t address)		d. STREET AC		NOORO	laio	-		e. IS RES	IDENCE
	OR INSTITUT	ION	ing Rd. H				1 3	304	Rolling	Rd. Ba	1 to . 7			FARM?
3.	NAME OF DECEASED		Fi	rst	Midd	le	Last		4. DATE	Mar	ith	Da	,	Year
	(Type or print)	Mr	. Ruben		Edward		Whitco		DEATH	April		3		1961
S.	SEX	6	. COLOR OR RACE	7. MA	RRIED NEVER MAR	RIED B	. DATE OF BIRTH		0 1	AGE (In years last birthday)	Months Months	R 1 YEAR Days	Hours	ER 24 HR
	Male		White	WIDOV	VED DIVOR	CED 🔀	Nov. 16	, 18	83	7776 yrs.	111011111	Days	110013	7400.
100	. USUAL OCCU	PATION	(Give kind of work	done 10t	, KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLA	CE (State	or fareign co	untry)	12. CI	TIZEN OF	WHATC	OUNTRY
18			Operator	"	Well Digg	ing	Gly	ndon	, Mary	land		U.S	.A.	
13.	FATHER'S NAM	E					14. MOTHER'S	MAIDEN	NAME					
	Richar	d Wh	ni tcomb				Ruth	Full	er					
15.	WAS DECEASE	D EVER II	N U. S. ARMED FO	RCES? 16	SOCIAL SECURITY N	10. 17. INI	FORMANT			Add	ress			Md.
[14	No. or unknown)	I III y	res, give war ar dates of	service)	216-03-844	13 Mr	s. Annie	A.	Horne,	3304 Rol	ling	Rd.	Balt	:0.7,
		F DEATH	Enter only one o	ause per	line for (a), (b), and (INT	ERVAL BE	TWEEN
	PART I	. DEATH	WAS CAUSED BY:	. /	Lioner	ine	mio					3	ET AND	DEATH
	11111	2 ~	AMEDIATE CAUSE (,		2						-11	
	Conditions	if any			Liputors	une (ak A	2	al 1	idon		16	YN	gue
	gave rise	to imm	nediate (-	sypur -			7	10			1	100	
	lying cause		under-											
CATION			SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO I	DEATH BUT I	NOT RELATED TO	THETERA	MINAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 1	FERFU	AUTOPSY PRMED?
CERTIFIC	OR CONTRIBL	JTING [UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED	. (Enter nature of	injury in	Part I or Part	II of item 1B.)				
S. A.	20c. TIME OF	INJURY	Manth, Day, Y	ear 20d.	INJURY OCCURRED		CE OF INJURY (or town)		(Caunty)		(State
MEDIC	Haur d		19	While	e Not while	fact	ary, street, office	bldg., et	rc.)					
>	-	o. m.		_			march	3.	.61	41:	2 10	11.	. (1) (
				ally atte	nded the decease	d fram	- July 1	./	9.56.to				ot (1) (
	saw the de		alive an	71	19.6/, ar	nd that de	eath accurred	0 00	MM, from	the causes a	nd on th	ne dote		b. DATE
	22a. SIGNATL	7/1	luis ?	M	upont,	٨	ATTENDING		MED.	STAFF PHYS.				SIGNE
	22c. PHYSICIA NAME (T						22d. ADDRE					10		
		/ - /	Dr. Edwin	Pie	rpont		8204	+ Lit	erty R	d. Balti	more	(, !	Md.	
23	BURIAL, CREA	MATION,	23b. DATE THERE	OF	23c. NAME OF C	METERY OF	CREMATORY		23d. LOCAT	ION (City, town,	or county)	(Stat	te)
	Buria	lecity)	4-6-1961		Mt.	Olive	Cemete	ry	Rand	allstown	,		Md.	
24	FUNERAL DIRE	CTOR'S	SIGNATURE		8720 REEST b	erty F	Rd.		D BY REGIST		ISTRAR'S		RE	
-	Lord	na	1134	ora	Randalls	town,	Md.	DATE	7 '61	Chi	hun S.	Tirana		

Town the Life Library exception of the profit of the control of th The state of the s

and the control of th

5 TO HOSPITAL OR ATTENDING PUT ICIAN: The law requires that the death certificate be executed within 24 haurs after deal may be retained by the haspitothing attending physician.	death certificate be executed within 24 haurs after deo
TO FUNERAL DIRECTOR: After this Sertificate has been signed by the attending physician and campletely filled in by the funer	ttending physician and campletely filled in by the funer
page 3 shauld be detached far use os the burial-transit permit. Then pleose remave carbon popers. Pages 1 and 2 shauld be	please remave carbon popers. Pages 1 and 2 shauld be
the State Board of Health prior ta burial, cremation, or removal, and in any event, within 72 haurs after death.	any event, within 72 haurs after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	4095	CERTIFICA	TE OF DEATH	T, MARTERIE	04089			
1	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	h COUNTY	on: Residence befare admission)			
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Catons ville	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL or Baltimore				
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Spring Grove State Hosp		d. STREET ADDRESS 1209 Linde	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) Alfred	Middle Charles	White	4. DATE Mani OF DEATH April	Day Year 16 1961			
ĺ	5. SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH December 30,	1926 9. AGE (In yeors last birthday) 34 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.			
	10a. USUAL OCCUPATION (Give kind af work dane 10b. during most af working life, even if retired) Laborer	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State of Marylan		12. CITIZEN OF WHAT COUNTRY?			
1	is father's NAME Makanana Stanley White	9	14. MOTHER'S MAIDEN NA	Marie Lee				
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or doles of spryce) Yes Army PFC 1952-55		Mrs. Dorothy S ecords: SPRIN	Snair-1825	almer Avenue			
	1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gave rise to immediate couse (o), stoting the under- lying cause last.		INFARCTI	0	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN			
		LHYPERTEN		COHOLISM	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
		Not while fo	LACE OF INJURY (Home, farm, actary, street, office bldg., etc.)		(County) (State)			
	21. I certify that (I) (this haspital) attends saw the deceased alive an April 1		March 30 7 165	1 . ta April 16 M, fram the causes an	, 19_61 that (I) (we) last d an the date stated above.			
	22a. SIGNATURE Office	Trelez	ATTENDING MEI		22b. DATE SIGNED 4-17-6/			
	22c. PHYSICIAN'S NAME (Type) Aristides Sim	opoulos, M. D.	22d. ADDRESS					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 4-20-61	23c. NAME OF CEMETERY C	or crematory	23d. LOCATION (City, town, o	Maryland			
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / DAVID		BY REGISTRAR 256. REGIS	STRAR S. SIGNATURE			

HE COM and an extended through a place of the

A	1. P	COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDER	NCE (When		l lived. If institution b. COUNTY	on: Residence b	pefare admission)
VI		RURAL ond give in Cator.	sville		Lyrlmth25			wn (If ou		rote limits, write R	URAL ond give	nearest town)
	d	NAME OF HOSP OR INSTITUTION SPRING	ROVE STATE	give street G HO	oddress) SPITAL		d. STREET ADD		5th S	treet		e. IS RESIDENCE ON A FARM? YES NO
	D	AME OF ECEASED ype ar print)	Fir	sı Juani	Middle	e	Whittle		4. DATE OF DEATH	Mon Apri		Day Yeor 19 6]
1	5. SE	x female			RIED NEVER MARR		. DATE OF BIRTH	. 187	2	9. AGE (In years last birthday) 89 yrs.		EAR IF UNDER 24 H
7	100.	USUAL OCCUPAT	ON (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS (OR INDUST	TRY 11. BIRTHPLAC	E (Stote o	fareign co	ountry)		OF WHAT COUNTE
	1S. V	Thomas	Whittle ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17, INI			0'Bri	en Add	ress	
	n		(If yes, give war or dates of s		unknown		ords: S	PRING	GRO	VE STAT		PITAL
				Δ.	Cardiac fai rterioscle	ilure	cardiova	scul	ar di	sea se	Ċ	ONSET AND DEATH
	NO	couse (o), stating lying cause lost	the under-)	CONTRIBUTING TO DE						'EN IN PART 1(a) 19. WAS AUTOP:
0	CERTIFICATION	couse (o), stating lying cause lost PART II. OT	the <u>under-</u> DUE TO	DITIONS	CONTRIBUTING TO DE	EATH BUT N	NOT RELATED TO T	HE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PART 1(4	a) 19. WAS AUTOPS PERFORMED? YES NO [
	_ L	PART II. OT	the under- DUE TO	DITIONS	CRIBE HOW INJURY O	DCCURRED	NOT RELATED TO T	HETERMIN njury in Po	AL DISEASI	E CONDITION GIV	(Cour	PERFORMED? YES NO
	MEDICAL	PART II. OT 200. ACCIDENT WOR CONTRIBUTION IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify the	The under DUE TO (C) THER SIGNIFICANT CON TAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Ye	20b. DES	CRIBE HOW INJURY O	DCCURRED 20e. PLA foct	NOT RELATED TO T . (Enter noture of i CE OF INJURY (Hoory, street, office b	miury in Po me, farm, ildg., etc.)	AL DISEASI	E CONDITION GIV	(Cour	PERFORMED? YES NO [nty) (Sta that (!) (we) ic ate stated above
	MEDICAL	PART II. OT 20a. ACCIDENT WORK CONTRIBUTION IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m. p. m. 21. I certify th	The under: DUE TO (C) THER SIGNIFICANT CON TAS UNDERLYING CONTROL CONTROL TAS UNDERLYING CONTROL TO CAUSE OF DEATH OF MEDICAL EXAMINER) RY Month, Doy, Ye 19 at (1) (this haspital assed alive an A)	20b. DES	NJURY OCCURRED The of while of work of the deceased 10 19 61, and	20e. PLA foct	NOT RELATED TO T . (Enter noture of incomplete to the control of	me, farm, idg., etc.) MEE	20f. (City 7, ta M, fram	or town) April 10 the causes an	(Cour) 19.61, Id on the d 4-10-6	PERFORMED? YES NO [nty) (Sta that (I) (we) la ate stated above 22b.DATE SIGN OSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIRECTAL CONTROL OF STREET BUT TO STREET STREET, STREET STREET S 24 6 ,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04091

1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
)	Baltimore County MAKILAN	Virginia	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	C. S. S.	nearest fown)
	Towson 5Yrs.6Mos.29		
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION THE SHEPPARD AND ENOCH PRATT HOSPITAL	d. STREET ADDRESS 720 S. Lee Street	e. IS RESIDENCE ON A FARM? YES NO
F	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	DECEASED (Type or print) Thomas Frederick Man	rk Wickham OF DEATH April	27 1961
•	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost hirthday)	YEAR IF UNDER 24 HRS.
	Male White WIDOWED I DIVORCED	1 October 7, 1079 81 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of warking life, even if retired)		N OF WHAT COUNTRY?
	Executive Public Utilitie		.A
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Patrick Martin Wickham	Mary Anne Swift	
1	(Yes, no, or unknown) (If yes, give war or dates of service)	7. INFORMANT Address	
	No	Hospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PURPORT OF THE CAUSE (c)	en bolisa	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	-	1
	Canditions, if any, which) (b) Chronic	myozardetis	Gunt
	gave rise to immediate	4 . 1	11
1	lying cause last.	d'arterioselerosis	
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
1	of Mr. Bram synd. due to	Central attends eterous	YES NO
١	20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter noture af injury in Part I or Port II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at work at work	P. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Confactary, street, affice bldg., etc.)	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased fro	in 28/17 28, 1955, 10 April 27, 196	, that (I) (we) last
	saw the deceased alive on Afril 26 1961, and the		date stated above.
	22a. SIGNATURE		22b. DATE
	Milan	M.D. ATTENDING MED. STAFF PHYS. April	27, 1961
	22c. PHYSICIAN'S NAME (Type) W. W. Elgin, M.D.	The Sheppard and Enoch Pratt	d Hospital
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town, or county)	(Start)
	2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR Sb. REGISTRAR'S SIGN	NATURE
	Jala W Ta La Ana Vann	Ve IIA	
1	haply 11. 19 for way way	pors WC DATE MAY 1 '61 arilur S.	/ Utana

TO HOSPITAL OR ATTENDING BY SICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospitate, differential physician.

TO FUNERAL DIRECTOR: After this Sertificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filed with VR A1S (4)

A PHAREST CO. T. MALES AND CO. S. S. S. S. STREAM OF STREET

DIVISION OF STATISTICAL RESEARCH AND funera 1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 in by write RURAL and give nearest town) after Sparrows Point Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 7405 Bay Front Road completely papers. n 72 ho NAME OF Middle DECEASED (Type or print) Andrew L. Williams carbon withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX and WIDOWED T DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) Railroader Pennsylvania R.R. 13. FATHER'S NAME please ding David Williams aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yas, no, or unkown) | (Ifyes give wer or dates of service) 716-10-6115 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying the CERTIFICATION as 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year While Not While Hour e.m et work at work 21. I certify that (I) (this hespital) attended the deceased from....... 19.01 and that death occured att. saw the deceased alive on..... 22e. SIGNATURE M.D. O HOSPITAL death. Page 4 rector, page filed with the 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) ÷ 8 Burial Glen Haven ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

Wm. Cook, Inc., 1217 St. Paul St., Balto. 2, Md.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1m G285 b. COUNTY e. STATE Maryland, Baltimore c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) Sparrows Point a. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO X 7404 Bay Front Road DATE OF DEATH April 7, 1961 19 IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthdey) Hours yrs. 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A. 14 MOTHER'S MAIDEN NAME Sarah Wood 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Louise L. Williams, 7405 Bay Front Rd. INTERVAL BETWEEN ONSET AND DEATH METASTASES PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, offica bldg., etc.) 190. ... that (1) (---- last

ATTENDING &

22d. ADDRESS

PHYS.

DIRECTOR

arthur S. Kraus

PHYS.

23d. LOCATION (City, fown or county)

Anne Arundel Co.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE

SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4099 CERTIFICATE OF DEATH

	a. COUNTY					e. STATE	IDENCE (When	b. COU		idence perore	admission
	Baltim	ore		MARYL	AND	6. 31AIE	Maryland		411		1
	b. CITY OR TOWN (if ou	utside corporate limits	,	c. LENGTH OF STAY	/ IN 16	c. CITY OR TO		corporete limits, writ	e RURAL and g	ive nearest to	wn)
	write RURAL and giv			2 1 -		Dalt			211	31-	4
	d. NAME OF HOSPITAL	OR INSTITUTION (#	not in host	3 days	ssì	d. STREET AD	DRESS	-	_ v	e. IS	RESIDENCE
											A FARM?
2	Veterans A	dministra	tion.	Hospital		1521	Lemon S	t. Balto	23, Md,	YES	NO
٥.	DECEASED	FIRST		Middle		Last	OF		n - L	Jay 16	ar
	(Type or print)	CHARLES		E.	1	ATT.T.TAMS	DEA	April	8	3 19	67
5.	SEX 6.	COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	-		R 24 HRS.
	Male	Negro	WIDOWE		_	December	7, 1897	4	Months Day	ys Hours	Min.
	. USUAL OCCUPATION	(Give kind of work	10b. KI	ND OF BUSINESS OR					12. CITIZE	N OF WHAT	COUNTRY
do	one during most of workin	g life, even if retired									
12	Laborer FATHER'S NAME		Con	struction		Laurel	Maryla AIDEN NAME	ind	U.S	S.A	
10.	FATHER 3 NAME					4. MOTHER 3 M	AIDEN NAME				
	Charles W					Eliz	a Willia	ms			
15.	WAS DECEASED EVER II	N U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT C	linical	Records,	3000 T.	och Ray	ren
100		WW-7	ורפ	מס דים	R137	A Relat	mana 18	Ma Evopor	TIOUTAD D	DITTE	CII
	1B. CAUSE OF DEA		cause per li	ne for (a), (b), and (c)	.]	I. Dalli	more To	Md. FORT	HUWARD	INTERVALE	TWEEN
	PART I. DEATH W									ONSET AND	DEATH
	IMA	MEDIATE CAUSE (a)_	MULI	TIPLE PULMO	MARY	INF'ARCT	LONS			4 mon	ths
	465	DUE TO							-		
	Conditions, if any, vi	hich 7 (85)	EME	BOLI FROM I	EFT A	TRIAL T	HROMBUS				
	gave rise to immediate	> INTERPORT	wi	th							
	(a), stating the under	rlying	ADMY	TO TO COT TOD ON	TO III	יסדת חכוגים	PACTO			Unkn	own
7		GNIFICANT CONDIT		CRIOSCLEROI TRIBUTING TO DEATH				SE CONDITION GIV	VEN IN PART 1		
NOL	PART III. OTTIER SIX	SINITICALITY CONDIT	.0113	TRIBUTING TO DEXTIT	2011101	KLEATED TO THE	TERMINAL DISEA	132 CONSTITUTE OF	, , , , , , , , , , , , , , , , , ,	PERF	ORMED?
S		lmonary En								YES X	NO 📗
RTIF	20a. ACCIDENT WAS	UNDERLYING [20b. DES	CRI E HOW INJURY O	CCURED. (Enter nature of in	jury in Part I or Pa	art II of item 18.)			
<u>=</u>	(IF EITHER, NOTIFY ME	DICAL EXAMINER)									
K	20c. TIME OF INJURY	Month, Day, Yea	r 20d. l	NJURY OCCURRED		OF INJURY (Hor		(City or town)	(County	1)	(State)
MEDIC	Hour e.m.		While		factor	y, street, office blo	dg., etc.)				
×	p.m.	19	et work						-		
	21. I certify that	(4) (this hospital	al) attend	ded the deceased	from	April5	1261	toApril	8, 196	1 that (1)	(we) last
	saw the deceased	alive onApr	cil8.	1961., ar	nd that o	leath occured	atPM, fi	rom the causes	and on the	date state	ad above.
	22a. SIGNATURE					ATTENDING	4450	CTAFF	4-1-	22	b. DATE SIGNED
		1)			M.D	ATTENDING PHYS.	MED.	PHYS.			SIGNED
	22c. PHYSICIAN'S	touseno	0 - 1	mercus	/	22d. ADDRES	SS VAH 18	00 Loch R	aven Ri	Trd.	
	NAME (Type)	AWRENCE D.				Rol+im					
22	BURIAL, CREMATION			23c. NAME OF CE	METERY OF		1234 1	Md. Fort	wn or county)		Stete)
236	REMOVAL (Specify)		/ 4						0. 000(7)	,	,
	Burial		-61	Baltimore	e Nati	onal Cer	metery	Baltimor	e-	Maryla	nd
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS 1808 NI	Mann			GISTRAR 25b. RE			
A	rlington S.	Phillips		1808 N. Baltimor	re. Mo	D. D.	ATE APR 1	2 01	C. Am S.	Tiralla	
-											

IO HOSPITAL OR ATTENIA PHYSICIAN: The law requires that the death certificate be executed within 24 hours aforther. Page 4 may be retained by the hospital or attending physician.

Yes a considerable of the property of the property of the plant of the p

to cover interest in the continue of the continue of the continue of . The state of the ne initial patron of the comment of the second of the seco as Albert S. moderation TO HOSPITAL OR ATTENT 3 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ()4094

1. PLACE OF DEA	TH		2. USUAL RESIDEN	CE (Where decees	ed lived, If instit	ution: Reside	ence before e	dmission)
o. COUNTY Balti	more	MARYLAND	a. STATE Maryl	and	b. COUNTY			/
b. CITY OR TOW	N (if outside corporate limits, end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RUF	RAL and give	e neerest tow	/n)
	Howard	16 days	Balti	more		31	101	-4
		not in hospitel, give street eddress)	d. STREET ADDRESS	anor c				ESIDENCE
	ans Administr	ation Hospital	605 S	. Pulask	Street		YES [A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	De	y Yee	r
(Type or print)	ELMER	R.	WILLIAMS	DEATH	April	6	19	61
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH			INDER I YEAR		
Male	wwt + 1		January 8, 18	194	of birthday) Mo	onths Deys	Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if ratired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or forei	gn country)	12. CITIZEN	OF WHAT	OUNTRY
Brakema		Rail Road	Baltimore	. Marvlar	br	11.5	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	/				
	E. Williams		Molli	e Childs				
	EVER IN U.S. ARMED FORCE		INFORMANT		Address			
Yes	WW I		in.Records,V	AH . Balto	Md. Ft.	Howas	rd Div	
18. CAUSE O	F DEATH [Enter only one cr	ausa per line for (e), (b), end (c).)					NTERVAL BET	TWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARCINOMA OF THE	STOMACH				UNKNO	WN
16	1 24							
Conditions, if	DUE TO	CARCINOMATOSIS					UNKNO	WN
geve rise to imm	edieta ceuse	OTTIO ZITOTALE OD ZD					0111010	1121
(e), steting the	underlying DUE TO							
cause last.) (c)							
PART II. OI	HER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN I	N PART 1(e)		ORMED?
3							YES	Кои
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER	206. DESCRIBE HOW INJURY OCCURED	D. (Enter natura of injury in	Part I or Pert II of i	em 18.)			
20c. TIME OF I	NJURY Month, Day, Year		ACE OF INJURY (Home, ferr		own)	(County)		(Stete)
20c. TIME OF II		While Not While fac	tory, street, office bldg., etc	:.)				
			Inmah 07	163 . 4-		-62	.1 . (4) (
	Amr) attended the deceased from 1961 and that						
	eased alive on,	19 and tha	death occured #	2.2My from th	e causes and	on the		
228. SIGNATUR	11/	7/	ATTENDING_	MED S	STAFF	110	1 -	SIGNED
	Mornes	ZX valiant	1.0.	DIRECTOR P	HYS. XX	4/61	61	
22c. PHYSICIAN	1	7/0000	22d. ADDRESS					
1474	PO THOMAS F. C	RAHAN, M. D.	VAH, BAL	TO. MD. I	T HOWAR	D DIA	ISION	
23e. BURIAL, CREM REMOVAL (Spec	ATION, 23b. DATE THEREC	6 / Lorraine Par			bogwood nore, Ma			tete)
24 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR				
Heaner	of mell	w		APR 1 0 '61		Lug S. to		
SCHWAB FI	INERAL HOME,	2101 Frederick Ave	Balto Merate					

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To John Committee Western Western Valley Committee Plant Committee Plant

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SCHWAR FURNAL HOME, 2001 Frederick Avc. Belso, FA:

MARYLAND STATE DEPARTMENT OF HEALTH

H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ()4()95DIVISION OF STATISTICAL RESEARCH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi	idence before edmission)
Baltimore MARYLAND	o STATE Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporete limits, write RURAL end g	ive neerest town)
Fort Howard 21 days	Baltimore	V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
Weterens Administration Hespitel	JEJE E Fodowel Street	ON A FARM?
Veterans Administration Hospital 3. NAME OF First Middle	1515 E. Federal Street	Dey Yeer
DECEASED	WITTITAMS OF DEATH Anril 3	1961
NOLAL D.	utimitain Varia 3	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE last birthday) Months De	
Male Negro WIDOWED DIVORCED	May 11, 1897 63 yrs.	
	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
Laborer	Cameron, North Carolina U.S	.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Carl Williams	Maggie Hooker	
	7. INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	11 - Posonic WAN DATED 18 ND W	WIN HOUSE
Yes WW I 236-12-0822 C	Clin.Records, VAH, BALTO 18, MD. FI	INTERVAL BETWEEN
	TON	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CORONARY OCCLUS	LON	2 MINUTES
LOO X DUE TO		
Conditions, if any, which (b) ARTERIOSCLEROTI	C HEART DISEASE	YEARS
geve rise to immediate cause		
(e), steting the underlying DIABETES MELLIT	TIS	14 YEARS
(c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
[5]		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 2Df. (City or town) (County	(State)
Hour e.m.	fectory, street, office bldg., etc.)	
	Newsh 12)
21. I certify that (* (this hospital) attended the deceased fro		
saw the deceased alive on April 3 1961 and the	hat death occured all: OOAMom the causes and on the	date stated above
22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE
The State of	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4-4-61 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) THOMAS F. CRAHAN, M.D.	VAH. BALTO. MD FT HOWARD D	IVISION
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	The state of the s	(State)
REMOVAL (Specify)	W-1.1	-
BURIAL 4-/-6/ Baltimore	National Baltimore Man	rland
24 FUNERAL DIRECTOR'S SIGNATURE 1808-10 No Monroe	1 2 124	
Arlington S Phillips Baltimore 17 Md	DATE 1 1 0 '61 Circles & 1	Vovva

IO HOSPITAL OR ALTENATOR APPRICIANT. The law requires that the death certificate be executed within 24 hours at death. Page 4 may be retained by the hospital or attending physician.

Yellow To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Yes VWI 230-12-0621 Chin. Records, VWI, PMACO 1A, 180-18-068

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	4 4 0 12				0 4000
a	COUNTY	MARYLAND	o STATE	b. COUNTY	te before admission)
b	CITY OR TOWN (If outside corporate limits, wri	c. LENGTH OF STAY IN 16		rporate limits, write RURAL and g	give nearest town)
	OR INSTITUTION		d. STREET ADDRESS Tub.el	Box 529 Dlace	e. IS RESIDENCE ON A FARM? YES NO
D	DECEASED TO TO	ESTELLE	11/12 6 35/ OF	1.0	Day Year 4 1961
S. SI	14/		B. DATE OF BIRTH 2 14.1926	7. 7. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a.	USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	11	STRY 11. BIRTHPLACE (State or foreign	n country) 12. CITI;	ZEN OF WHAT COUNTRY?
13. F	OSEPH T. CO	BB	ADDIE MI	4E LANDI	NG
				Address It. Wilson State	Hospital
	1B. CAUSE OF DEATH [Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).]	d pulmonar	y tubercy-	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)			losis	13 yr
_	lying cause last. DUE TO (c)	5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			0
CATION	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING [] 206. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I ar I	Part II of item 1B.)	
MEDICAL	Hour a.m. W	nile Nat while fe		City or town) (C	County) (Stote)
					t_, that (I) (we) last date stated above.
	220. SIGNATURE Mewcomen		ATTENDING MED.	_ STAFF _ L	4. (9 6)
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		/ -
		perintendent	Mt. Wilson Sta	ate Hospital, M.	t. Wilson, M
	M to S.	DECEASED (Type or print) 1. PLACE OF DEATH a. COUNTY Baltimore County b. CITY OR TOWN (If outside corporate limits, writh and prints) Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give str. or NASITUTION) The Wilson State Hospital. 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. M. WIDO 10. USUAL OCCUPATION (Give kind of work done during most of working life leven if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) 18. CAUSE OF DEATH [Enter only ane cause per part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR CONTRIBUTION OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 of the contribution of the saw the deceased alive an	PLACE OF DEATH	PLACE OF DEATH 0. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decce of STATE S	PLACE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING VR A1S (4) 1SM 9/S9

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ICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3, Page 5 may be retained for your files. purial-transit permit. File pages 1 and 2 with the State Board of Health, oval, and in any event within 72 hours after death. b. COUNTY any delay is necessary, MARYLA ND BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 write RURAL and give sparest-town Baltimore d. NAME OF HOSPITAL OR INSTITUTION (I) not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6803 York Road 1339 W. North Ave -7 YES NO 3. NAME OF Middle Day DECEASED 28. (Type or print) 19 61 FRANK MORAN WILSON DEATH April 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) March 27, 1916 Male WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven If retired)
Truck Driver Littleton, N. C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Wilson Hattie Vinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17, INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) 216-01-7896 Louise Wilson - 1339 W. North Avenue INER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN berons execute the certificate, writing the word "pending" in pencil in it should be forwarded to the Chief Medical Examiner's Office along should be forwarded to the Chief Medical Examiner's Office along should be used as a burial-transit promotes. PART I. DEATH WAS CAUSED BY ONSET AND DEATH Myocardial infarction IMMEDIATE CAUSE (a) DUE TO arteriosclerotic cardiovascular disease. if any which (b) gave rise to Immediate cause DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Pert II of item 18,) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection Inquiry and in my opinion death resulted from: Natural causes XX Accident Suicide ... Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY April 29. William V. Lovitt, Jr., M. D. DEPUTY MEDICAL EXAMINER 1961 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) Burial (Specify) May 3, 1961 Baltimore National 40 Baltimore, Maryland 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. AISME DATMAY 2 arthur S. Krows Charles R. Law 802 Madison Ave., Balto., Mdl 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

THE AVERTON WENCE Sheefferfor Fired id tolleton, R. T. mountil sixtan -Ol-7895 i Louine Histon - 1938 . Routh Science with the control of t May 3. 1 Cold Dal Street a Mittain Bearles R. Law GOO Madicon Ave., Balto., Milliant

MARYTAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Page. e. COUNTY und be executed within 24 hours after death. If any delay is necessary, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. Durial-transit permit. File pages 1 and 2 with the State Board of Health, and in any event. Within 72 hours after death. a. STATE b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town Arbutus Arbutus d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET 129151 Greystone Rd. 1211 Greystone rd 1211 Krankolowykocaky 1211 XCYPEKOCHOWX ROSAG NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH MARY T.ET.TA WILSON April 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthdey) Months 11.1908 Female Whi te WIDOWED [DIVORCED July 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, aven if retired) Montgomery-Wards Kentucky saleslady 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James W. Keatts Inez Shelton This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyasgivawarordatasofservice) Wm. J. Wilson 1211 Greystone Rd.#27 Office along with burial-transit permi 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), l PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's (gave rise to immediate cause 10 DUE TO (a), steting the underlying as 0 cause last. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION 8 pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. NER 3 WEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) should be forwarded to the Chi FUNERAL DIRECTOR: Page fectory, street, office bldg., etc.) 0 While Not While Hour a.m. at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry DEPUTY MEDICAL agent, death resulted from: Suicide Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL STANT MEDICAL EXAMINER DE COLCAL INVESTIGA SIGNATURE EXAMINER'S Peter W. Rieckert. M.D. NAME (Typa) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Lorraine Park Cemetery Baltimore, Maryland 240 g Burial 0 ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Howard H. Hubbard FXXX4107 Wilkens Ave. DATE APR 26'61

VS. A15ME 5M 7/59

arthur & House

(County)

Baltimore

Dey

Davs

U.S.A.

. IS RESIDENCE ON A FARM?

YES NO

Yeer

1967

IF UNDER 24 HRS.

Min

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

YES NO

and in my opinion

DATE SIGNED

(State)

4/24/61

12. CITIZEN OF WHAT COUNTRY?

PATOLINY OF . DR Whate Jake Frederick Billiography and the motored Circle Appropriate Co. Mente Colon Market Colon contract and entire conssleslady . Jomes M. Meator 215.01-1070 Nm. J. Wilson 1211 Orevasone 16.027 TATEL OF TATEL turing -4/27/11 corpains Park Ceme ary Enliners, thryland ROWERS II. INDOBED FUNDAL TOT WILKERS AVE. BURERS OF BELLEY 4105

CERTIFICATE OF DEATH

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	OEK III IOA	TE OF BEATT	Reg. Dist. N	lo. 0 = 0 0
1. PLACE OF DEATH o. COUNTY BALTOI	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE	lived. If institution: Residence be b. COUNTY	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	1	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	18 96 Carren	gton Dr.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOSEP	H Middle W	LINDER OF DEATH	Month afril	Day Yeor 2 4 19 4
MALE WHITE WIDOWED	DIVORCED [3-21-10	lost birthday) Months Doy:	AR IF UNDER 24 HRS. 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign con	untry) 12. CITIZEN	OF WHAT COUNTRY
13. FÄTHER'S NAME Unknown		2 Unkera	uen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. IN	Hife Sam	e as also	ve)
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(or (o) (b), and (c).]	A		HERVAL BETWEEN HISET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.	HRONIC C	SLOM ULA	NEPhRIT	15 24r
PART II. OTHER SIGNIFICANT CONDITIONS COL	STRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	. (Enter nature of injury in Port 1 or Part	Il of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 of work	Not while fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	or town) (Count	(State)
21. I certify that I attended the deceased alive on 4,23, 196	from 4///	accurred at / A M, fram	the causes and an the d	
SIGNATURE FOR F.	Ludsa	ADDRESS (Str.	eet, city or town, state)	DATE SIGNE
PHYSICIAN'S LIFTORD	FHUI	SON	FORK	MD.
REMOVAL (Specify) 4-27-61	Dak da	ewn Ba	ON (City, town, or county)	Md,
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS TEAM	Bland 240. REC'D BY REGISTR	24b. REGISTRAR'S SIGNAT	

may be retained by the haspital attending physician.

TO FUNERAL DIRECTOR: After this derificate has been signed by the ottending physician and completely filled in by the funeral direction page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page VS A15 (4) 15M 10/57

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	Springers programs			
	TO AND THE PARTY OF			
			The Book of	
		EVS DY NAME OF STREET		

CERTIFICATE OF DEATH directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND within 24 haurs ofter deoth. the funerol should be fi CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If pot in hospital, give street address) STREET ADDRESS OR INSTITUTION by 12 and .⊆ NAME OF 4. DATE Middle filled DECEASED Pages (Type or print) DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH rely MARRIED NEVER MARRIED complet DIVORCED [WIDOWED [popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY death. Oduring most of working life, of the fetired)

APCY Manutacture and corban offer 13. FATHER'S NAME physicion emove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? JINFORMAN 16. SOCIAL SECURITY NO ottending pleose 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO þ permit. Canditions, if ony, which gned gave rise to immediate DUE TO cause (a), stating the underpuo os the buriol-tronsit lying cause last. physician. peen removol, hos 20a. ACCIDENT WAS UNDERLYING [this certificote OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc. Hour a.m. While Not while at work at work 21. I certify that I attended the deceased from 3 should be detached moy be retoined by the TO FUNERAL DIRECTOR: ACTUAL priar SIGNATURE PHYSICIAN'S registror OBINSON NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY poge REMOVAL (Spec he UNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE FC'D BY REGISTRAR

15M 9/5B

IF UNDER 1 YEAR IF UNDER 24 HRS ASE (In years Manths PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIL 27, 1961, that I last saw the deceased and that death accurred at 9.754 M, from the causes and an the date stated above. ADDRESS (Street, city or town state) 22d. LOCATION (City, town, or county)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. N. 41()()

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO P

(State)

DATE SIGNED

(State)

Days

(County)

arthur S. Flrance

more

e. IS RESIDENCE

ON A FARM?

YES NO PT

Year

19

VS A15 (4)

Out to the wind the state of the state Maria Land Control of the Control of Mark Market Stocker and the second s M. The Grand Joneston Porkers IM CERTIFICATE OF DEATH

04101

25b. REGISTRAR'S SIGNATURE

Chilun S. Kraus

25a. REC'D BY REGISTRAR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

H	1	4
)	2
2000	uneral director, d be filed with	(NA)
	filed	(IVI)
	be	
3	- 0	

1. PLACE OF DEATH a. COUNTY

by 1 and .⊑ may be retained by the haspital contending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled Pages 1 in any event, within 72 haurs after deoth carban papers. remove pup crematian, ar remaval, page 3 shauld be detached far use as the burial-tronsit permit. the State Board of Health prior to burial, crematian, ar remaval,

AN: The low requires that the death certificate be executed within 24 haurs after

	Ba.	ltimore		MAK	ICAND	Maryl	and		Bal	tim	ore	
b	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Phoenix		c. LENGTH OF STAN								1)	
			Life	X	Phoenix							
(OR INSTITUTION	L (If nat in haspital, g	give street	address)		d. STREET ADDRESS					e. IS RES	IDENCE FARM?
Stansbury Mill Rd.						Stansbur	y Mi	11 Roa	đ			NO 🗌
	NAME OF DECEASED	Fir	rst	Middle		Last	4. DATE OF	A	Nanth	Da	у	Year
	Type ar print)	Hattie	9	May	Zin	ikhan	DEATH		4-	8-		1961
. S	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MARR	IED 8. C	ATE OF BIRTH		9. AGE (In year		RIYEAR		
	Female	White	WIDOWI	ED DIVORC	ED 0 4.	-18-1885			rs. Manths	Days	Haurs	Min.
0a.	USUAL OCCUPATION	N (Give kind af wark on ng life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	ar fareign o	ountry)	12.CI	TIZEN OF	WHATC	OUNTRY
	Practica:	Nurse		Nurse		Maryland				U	.S.A	
3.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	IAME			1 1		
	Howard !	Troyer				Annie M	elvi	n				
	WAS DECEASED EVER			SOCIAL SECURITY NO). 17. INFO				ddress			
	No	70. 8112 401 01 00103 01 3		17-20-557	78 Mrs	. Shelben	Tho	mpson	Phoen	ix.	Md	
٦	18. CAUSE OF DEAT	TH [Enter anly ane co	use per li	ne far (a), (b), and (c)		176				INTE	ERVAL BE	
٩,		H WAS CAUSED BY:	(ar	cenima :	1 the	on Joshina	\$			-7	SET AND	1.11
	1539	DUE TO			1			D.T. T.				
	Canditians, if an	y, which)										
	gave rise to im	mediate DUE TO)									
	cause (a), stating the lying cause last.	ne under-										
z		er significant con		CONTRIBUTING TO DI	EATH BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PA	ART 1(a) 1	9. WAS	AUTOPSY
FICATION											PERFC YES	RMED?
	20a. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRED. (inter nature of injury in F	Part I ar Par	rt II af item 18.)				7
CERT	OR CONTRIBUTING	☐ CAUSE OF DEATH										
	20c. TIME OF INJURY	Manth, Day, Ye	gr 20d. II	NJURY OCCURRED	20e. PLACE	OF INJURY (Hame, farm	. 20f. (Cit	y ar tawn)		(Caunty)		(State
MEDICAL	Haur a.m.	19	While	Nat while		, street, affice bldg., etc.				,,,		
i.	p. m.		_) / 40		2 00 4	7/	- 1		
	21. I certify that (I) (this hospital) attended the deceased fram. Recember 20, 1960, ta Harch 31, 1961, that (I) (we) last saw the deceased alive on Harch 31, and that death occurred at GRM, from the couses and on the date stated above											
	saw the decease	ed alive on []	201	19 <u>67</u> , and	d that dea	th occurred of 6/6	M, from	the couses	and on t	ne dote		b. DATE
	Theolore bi	the Out	<)	M.D	ATTENDING ME	ED. RECTOR	STAFF PHYS.		A	mil!	SIGNED
	22c. PHYSICIAN'S	7 - 0-7			M.L	22d. ADDRESS	KECTOK [rn13. 🔲	,	0	, ,	-///
	NAME (Type)	Theodore	G.	de Overe	edo	Cockey	Su://	o H	044/0	nd)		
230	. BURIAL, CREMATION	,		23c. NAME OF CEA	AETERY OR C		224 1004	TION (City, taw	1	1	101	
	_REMOVAL (Specify)					304 (1) 952	230. LOCA	TION (CITY, TOW	in, or county	Md	(Sta	e)
	Burial	4-10-6	11	Jackeny	1771 776	Pofomm				riu		

Jacksonville Reform
ADDRESS 250.

Brooks Funeral Service Towson 4, Maryland APR 17'61

4-10-61

24. FUNERAL DIRECTOR'S SIGNATURE

well there are the second parally and see the Tare Lynn. Lenoury Tological I